



Bank Draft Authorization Form

Complete the form below and attach a voided check.
Drop off at the office or email to sepb@scottsboro.org.
For more information email or call the office at 256-574-2680.

Customer Name

Service Address

Phone Number

SEPB Account Number(s): 1) _____

2) _____

3) _____

I hereby authorize Scottsboro Electric Power Board (SEPB) to issue an Electronic Bank Draft each month from the banking account information attached. By signing, I understand that all services/ fees billed at this address will remain in effect until SEPB is notified in writing to cancel the Bank Draft.

(Customer Signature)

(Today's Date)

☐ Change Bank Account Information

☐ Start New Draft

☐ Cancel Bank Draft

FOR OFFICE USE ONLY	
CSR:	_____
CSR:	_____