



## Bank Draft Authorization Form

Complete the form below and attach a voided check.  
Drop off at the office or email to [sepbcscottsboro.org](mailto:sepbcscottsboro.org).  
For more information email or call the office at 256-574-2680.

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Customer Name

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Service Address

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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.

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(Customer Signature)

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(Today's Date)

☐ Change Bank Account Information

☐ Start New Draft

☐ Cancel Bank Draft

### FOR OFFICE USE ONLY

CSR: \_\_\_\_\_

CSR: \_\_\_\_\_