



Bank Draft Authorization Form

Completed form along with voided check may be submitted via email to sepbcscottsboro.org.
For more information, please email customer service at sepbcscottsboro.org or call the office at **256-574-2680**.

SEPB Account Name: _____

Phone Number: _____

SEPB Account Number(s): _____

SEPB Service Address: _____

Name(s) Bank Account: _____

Bank Account Number: _____

Name of Bank: _____

I hereby authorize Scottsboro Electric Power Board **to issue an Electronic Bank Draft** per the above information each month for all services/fees billed at this address/location. By signing this form, I understand that seasonal utilities will be automatically put back on bank draft.

First Draft Will Occur On: _____

Customer Signature: _____

Date: _____

Worked to computer _____

Verified information _____

Bank Draft Removal

I hereby request Scottsboro Electric Power Board to **CANCEL** the above **Electronic Bank Draft**. I understand payment for future bills will need to be submitted by cash, check, or card to SEPB by the due date to avoid additional fees and/or disruption of services.

Last Draft Will Occur On: _____

Customer Signature: _____

Date: _____

Worked to computer _____

Verified information _____