



**BANK DRAFT APPLICATION**

After enrolling in this program, your bill will be paid automatically each month out of your checking or savings account. You will receive a memorandum bill showing the amount that will be deducted from your account. Complete the form below which states that a draft in the amount of your electric bill will be drawn on your bank account each month. Each month, a draft for the net amount of your electric bill will be sent to your bank, just as if you had written a check. The memorandum bill you receive for your records will be marked "BANK DRAFT". If at any time you wish to discontinue the bank draft program, contact your local office.

|                 |      |                                   |                                  |                      |
|-----------------|------|-----------------------------------|----------------------------------|----------------------|
| MEMBER'S NAME   |      |                                   |                                  | STEMC ACCOUNT NUMBER |
| SERVICE ADDRESS | CITY | STATE                             | ZIP                              | PHONE                |
|                 |      | CHECKING <input type="checkbox"/> | SAVINGS <input type="checkbox"/> |                      |
| NAME OF BANK    |      | ROUTING NUMBER                    | ACCOUNT NUMBER                   |                      |
| BANK ADDRESS    | CITY | STATE                             | ZIP                              | PHONE                |

I hereby authorize my bank named above to pay my bills for electric service as rendered by Southwest Tennessee Electric. Such drafts or checks as may be presented for payment need not be signed by Southwest Tennessee Electric or its representative. I warrant that my bank's rights with respect to each such check or draft shall be the same as if personally issued and signed by me. I relieve my bank from any obligation regarding special advice or notice in writing or otherwise of the presentment or payment of any such draft or check or the charging of same to my account. This authorization shall remain valid until revoked in writing by me, and I guarantee that until receipt of such revocation, my bank shall be protected fully in honoring any such check or draft.

Please provide a voided check or letter from your financial institution for verification of bank routing and account number.

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

MSR INITIALS

RETURNED COMPLETED FORM TO LOCAL OFFICE:  
 Southwest Tennessee Electric Membership Corporation  
 Brownsville: PO Box 959 Brownsville, TN 38012  
 Jackson: PO Box 338 Jackson, Tn 38302  
 Covington: PO Box 847 Covington, TN 38019  
 Henderson: PO Box 346 Henderson, TN 38340  
 Atoka: PO Box 69 Atoka, TN 38004