

AUTOMATED BILL PAYMENT FORM

Complete and return this form to KEC, P.O. Box 100, Cordell, OK 73632.
For more information, Call 580-832-3361.

NAME: _____

(as it appears on your electric bill)

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

KEC ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION: _____

CITY: _____ **STATE:** _____

CHECK ONE: Checking Account _____ Savings _____

BANK ACCOUNT NUMBER: _____

IMPORTANT- Please return a voided check or savings account deposit slip with this form to ensure accurate processing.

I authorize you to charge my checking/savings account monthly in the amount of my monthly bill, and to make that deduction payable to Kiwash Electric Cooperative. In making this authorization, I agree to the Terms and Conditions of Authorization

SIGNATURE: _____ **Date:** _____