



EASLEY COMBINED UTILITIES

A Community Tradition

DRAFT AUTHORIZATION FORM

Customer Information

Name: _____

First

Middle/Maiden

Last

Service Address

Street: _____

City: _____ State: _____ Zip: _____

Telephone: (daytime) _____ (evening) _____

ECU Account #: _____

*** FILL OUT THE FOLLOWING FOR MONTHLY BANK DRAFT**

Please check one: Checking Savings

Please attach the appropriate voided item for the type account to be drafted. (Voided check for the checking account; withdrawal slip for savings account.)

I authorize Easley Combined Utilities to deduct my bill payments from my bank account on my due date. I understand that if at any time I decide to discontinue this payment service, I will notify Easley Combined Utilities. The Bank Draft program is a free service provided by Easley Combined Utilities.

Signature: _____ Date: _____

Office Use Only:

Completed By: _____	Date: _____
---------------------	-------------