



CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Scottsboro Electric Power Board (SEPB) to initiate entries to my (our) checking/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until SEPB is notified by me (us) in writing to cancel it in such time as to afford SEPB and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

PLEASE PRINT

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

(Signature) (Today's Date)

(Name as it appears on SEPB account)

(Address)

(Phone Number) 1. SEPB Customer Account Number

2.

3.

Financial Institution Routing Number:

Checking/Savings (circle account type) Account Number:

These numbers are located on the bottom of your check as follows:

Routing Number

Account Number

- Change Bank Account Information
Start New Draft
Cancel Bank Draft

OFFICE USE ONLY
WORK:
WORK: