

# *Sand Mountain Electric Cooperative*

P. O. Box 277  
Rainsville, AL 35986  
Phone: (256) 638-2153

## **AUTHORIZATION FOR PREARRANGED PAYMENTS (ACH DEBITS)**

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_  
ON ELECTRIC BILL: \_\_\_\_\_

CELL # \_\_\_\_\_  
CELL SERVICE CARRIER (AT&T, VERIZON, ETC.) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### **BANK DRAFT**

NAME OF BANK: \_\_\_\_\_

NAME ON BANK  
ACCOUNT: \_\_\_\_\_

BANK ACCOUNT #: \_\_\_\_\_

**A voided check must accompany this form for bank draft to be processed.**

I hereby authorize Sand Mountain Electric Cooperative to initiate ACH Debit entries, which removes money from my account at the bank listed above, for payment of all bills rendered to me by Sand Mountain Electric Cooperative. I understand that these ACH Debit entries will be processed on or before the normal due date of my bill. Sand Mountain Electric Cooperative may impose a processing fee if any ACH Debit entry is not paid by my bank due to insufficient funds, stop payment, closed account or other reasons that are not the fault of Sand Mountain Electric Cooperative.

This authorization will be in effect until either party gives written notice of termination. Sand Mountain Electric Cooperative retains the right to discontinue ACH Debit entries after any failed attempts.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_