



C&L Electric  
Cooperative Corporation

## BANK DRAFT AUTHORIZATION FORM

**Name** (as it appears on your electric bill)

**C&L Account Number(s) to draft**

**Current Billing Address** – (Street, City, State, Zip)

**Daytime Phone**

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**Day of month to draft (Circle One):** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22  
23 24 25 26 27 28 29 30 31

**Select**  Checking  Savings

**Bank Account Number** (Maximum of 15 numbers)

Do not include check number

**Bank Routing #**

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**Name of Bank**

**Name on the Bank Account**

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**City/State of Bank**

I authorize the bank or financial institution named above to pay my monthly C&L Electric Cooperative electric bill and to deduct each payment from my checking/savings account. I have the right to stop payment of charge entries by notifying the Bank prior to the time the account has been charged. This authority is to remain in effect until the Cooperative and bank have received notification from me of its termination in sufficient time to act on it.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*\*\*Please enclose a voided check\*\*\***

**\*Your check has important routing and account information needed to process your draft.**

Mail to: C&L Electric Cooperative Corp.  
Attn: Consumer Drafts  
P O Box 9  
Star City, AR 71667

Email to: [customerservice@clelectric.com](mailto:customerservice@clelectric.com)