



# EFT Authorization Form

Mail to: CHELCO, Inc  
P. O. Box 512  
DeFuniak Springs, Fl 32435  
Fax to: (850)892-9435

\_\_\_\_\_ CHELCO Member I.D. #/Account #

\_\_\_\_\_ Customer Name

The Bank is hereby authorized and directed to charge to the designated account the amount of drafts drawn periodically by Choctawhatchee Electric Cooperative, Inc. and payable to its order. It is agreed that the Bank's rights with respect to each item shall be the same as if such item had been drawn by the depositor. It is further agreed that the bank is not to be liable in the event it dishonors any such item drawn or issued, either with or without cause, and whether intentionally or inadvertently even though dishonor could cause the discontinuance of electric service. This authorization and direction shall be effective immediately, and shall continue in force until revoked, in writing, by the depositor.

\_\_\_\_\_ Depositor's Signature

\_\_\_\_\_ Depositor's Signature (if applicable)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Bank _____
Branch Office _____
Street Address _____
City, State, Zip _____
<i>*Please fill out above information if it is not present on check.*</i>
Bank Mic No. _____
Bank Account Number _____

*Please attach a voided check, not a deposit slip, from the account to be charged.*

Received By: \_\_\_\_\_

Member Accounts Clerk Signature

Date Received: \_\_\_\_\_

Verified By: \_\_\_\_\_

Customer Care Center Initials

**FAX#850-892-9435**