



**HILCO ELECTRIC COOPERATIVE, INC.
CONSUMER DRAFT AUTHORIZATION FORM**

Name(s): _____

(As it appears on your electric bill)

Home Phone: () _____ Business Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

HILCO Electric Account Number(s) To Be Paid By Draft: _____

Bank or Savings and Loan: _____

City: _____ State: _____

Name(s): _____

(As it appears on your electric bill)

Checking or Savings Account Number: _____

I authorize the Bank or Savings and Loan named above to pay my monthly HILCO Electric Cooperative electric bill and to deduct each payment from my checking/savings account. **I understand that payment will be deducted from my bank account on the Monday prior to the due date shown on the bill.** If the Monday prior to the due date falls on a holiday, my bank account will be drafted the next business day. This authority is to remain in effect until revoked by me in writing. I agree that each payment shall be the same as a check personally signed by me. I have the right to stop payment of a charge by timely notification to my Bank or Savings and Loan and Hill County electric reserves the right to terminate this draft service (or my participation therein)

SIGNATURE: _____ Date: _____

Please include this form with your check payment, or enclose voided personal check

Mail to: HILCO Electric Cooperative, Inc.
Attention: Consumer Drafts
P.O. Box 127, Itasca, TX 76055-0127

HCEC OFFICE USE ONLY

Membership Number: _____ Date of Bill: _____

Consumer Bank A/C Number _____

Bank Routing Transit Number _____

Date of Draft _____ Completed By _____ Letter Mailed _____

Bank Code _____ Levelized _____