SouthEastern Illinois Electric Cooperative Inc.

100 Cooperative Way • P. 0. Box 1001 • Carrier Mills, IL 62917
Telephone: (618) 273-2611 • (800) 833-2611 • FAX (618) 297-2003

SouthEastern Illinois Electric Cooperative, Inc.

AUTOMATIC DRAFT SERVICE AUTHORIZATION FORM

Date: _____

SEIEC Account #(s): _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Bank Draft:

Financial Institution: _____

Routing #: _____ **Account #:** _____

Savings ☐ **Checking (Include a Voided Check)** ☐

I hereby authorize SouthEastern Illinois Electric Cooperative, Inc. to debit my account in payment of electric service at the accounts listed above. This authorization may be terminated up to four working days before the bank draft payment date, upon the request of either party. I understand that my account will be drafted monthly until I notify SouthEastern Illinois Electric in writing that I wish to terminate using the Automatic Draft Service. I understand that it is my responsibility to notify SEIEC of any changes to my banking or credit card account including, but not limited to the expiration date, closed account, etc. prior to the next scheduled draft transaction date.

_____ _____
Date Signature

Print, complete, and mail or email this form to:
SouthEastern Illinois Electric Cooperative, Inc.
PO Box 1001
Carrier Mills, IL 62917
csr@seiec.com

Office Use Only: Month_____ Cycle_____