

**AUTHORIZATION TO PAY ELECTRIC BILL
ACH DEBIT OR CREDIT CARD DRAFT**

Return this form to:

**South Louisiana Electric Cooperative Association
P. O. Box 4037
Houma, LA 70361**

I /we authorize South Louisiana Electric Cooperative Association (SLECA) to start debit entries to my /our:

Checking (voided check must be enclosed)

Savings account

Financial Institution _____

Branch _____

City, State, Zip _____

Bank's Routing # _____

Checking/ Savings Account # _____

Name on Account _____

Draft Cycle _____ *(office use only)*

Debit/ Credit Card

Card Type _____

Credit Card Number _____

Exp. Date _____ **CVV2 Code** _____

Name on Card _____

Zip Code _____

Draft Cycle _____ *(office use only)*

This authorization is to remain in effect until SLECA has received written notification from me (or either of us) of its termination in time to allow SLECA and the financial institution a reasonable opportunity to act on it.

Account Name: _____
(Please Print)

SLECA Account Number _____

Date _____ **Signed** _____

Date _____ **Signed** _____

SLECA Representative: _____