

# NORTH ALABAMA ELECTRIC COOP DRAFT APPLICATION AUTHORIZATION

NAME AS LISTED ON YOUR ACCOUNT:

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ACCOUNT NUMBERS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

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HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

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BANK ACCOUNT NUMBER: \_\_\_\_\_

BRANCH: \_\_\_\_\_

PRINT NAME OF PERSON SIGNING DRAFT:

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SIGNATURE: \_\_\_\_\_

- SEND COMPLETED FORM AND A VOIDED CHECK IN ORDER TO BE PROCESSED.

YOU MAY FAX TO:  
256-437-2286 ATTENTION: CUSTOMER SERVICE

MAIL TO:  
P. O. BOX 628 STEVENSON, ALABAMA 35772