

Choptank Electric Cooperative, Inc.

Bank Draft Authorization (BDA) Registration Form

(Please Print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME TELEPHONE NO.: (_____) _____

CHOPTANK ACCOUNT NO(s): _____

(If you have more than one account, include all account numbers you wish to register for BDA.)

NAME BANK ACCOUNT IS IN: _____

NAME OF BANK, SAVINGS & LOAN, OR CREDIT UNION: _____

CHECKING ACCOUNT NO.: _____

(Please give checking account number and enclose a void check, previously canceled check or copy of a check from your checking account.)

I, (please print) _____ authorize Choptank Electric Cooperative through its authorized employee, to draw monthly bank drafts on my bank, savings and loan, or credit union checking account for the payment of my monthly electric bills. This authorization is good until such time as I discontinue my participation in Choptank's BDA program by notifying the Consumer Accounts Section in writing. In emergency situations, I may also temporarily suspend my participation in the program. I understand that Choptank Electric reserves the right to limit participation in BDA to consumers whose accounts are in good standing.

If any deduction is not honored by your bank, all bills are in the same status as if no bill had been paid. The Cooperative will proceed as if the BDA were not in effect. You may continue the BDA by paying the unpaid bill as explained in the notice given by the Cooperative. If the program is continued and a second deduction is not honored, the Cooperative will have the right to discontinue the BDA.

Mail or bring form and check to Choptank Electric Cooperative, Attn.: Consumer Accounts Section, P.O. Box 430, Denton, MD 21629.

Signature: _____ Date: _____