

# Bank Draft Form



Member Information	
First Name:	_____
Last Name:	_____
E-Mail Address:	_____
Randolph EMC Account Number:	_____
Billing Address:	_____
City:	_____ State: _____ Zip: _____
Home Phone:	_____
Cell Phone:	_____

Bank Information	
Select Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:	_____
Bank Routing Number:	_____
Bank Account Number	_____

Terms And Conditions
<p><b>Billing Cycles 100 and 110, 28th of the month;</b> <b>Billing Cycles 200 and 210, 5th of the month;</b> <b>Billing Cycles 300 and 310, 12th of the month;</b> <b>Billing Cycles 400 and 410, 19th of the month;</b></p> <p>*If a draft is returned unpaid for any reason other than bank error, the unpaid draft will be subject to the same service charge as a returned check *If two (2) drafts are returned unpaid for any reason other than bank error within a six (6) month period, the member will not be eligible for the Bank Draft Program for a period of one year. *Member agrees to remain on Bank Draft Program for a minimum of one year unless he or she moves off the Randolph EMC system. *Member's bank must participate in "ACH" bank drafting. (Most Banks do.) *Until the member is actually set up on the Bank Draft Program, bill payment should continue as in the past. When the word "<b>DRAFT</b>" appears on the monthly power bill, the account will be drafted on the due date. *A member's signature acknowledges an understanding of the terms and conditions of the agreement.</p>

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please attach with tape or staple a voided check, which will indicate your complete bank account number.