

For MEC Use Only

Cycle #: _____

Date: _____

Initials: _____

Due Day: _____

**Bank Draft Request Form
Mountain Electric Cooperative, Inc.**

**Corporate Office
P.O. Box 180
Mountain City, TN 37683
423-727-1800
Fax: 423-727-1822**

**Newland District Office
P.O. Box 1240
Newland, NC 28657
828-733-0159
Fax: 828-733-3213**

**Roan Mountain Office
P.O. Box 103
Roan Mountain, TN 37687
423-772-3521
Fax: 423-772-4340**

Name on MEC Bill: _____

MEC Account #(s): _____

Daytime Phone #: _____

Bank Routing/Transit #: _____

Personal Bank Account Number: _____

Bank Name: _____

Bank Phone #: _____

Physical Address of Bank: _____

Town, State, & Zip Code: _____

PLEASE ENCLOSE A VOIDED CHECK FROM THE BANK ACCOUNT YOU WOULD LIKE YOUR PAYMENT TO BE DRAFTED FROM.

I authorize Mountain Electric Cooperative, Inc. to submit a bank draft on my checking account each month in the amount of my electric bill.

Signature: _____ Date: _____