



BANK DRAFT ENROLLMENT FORM

_____ **Yes**, I would like to apply for the Bank Draft Program.
(Please fill out information below)

_____ **Name of Bank and Branch (If any)**

_____ **Your Name as shown on Bank Account**

_____ **Account Number from your Electric Bill**

_____ **Address where you receive service**

_____ **Name from your Electric Bill**

I hereby give authority to Palmetto Electric Cooperative, Inc. to draw drafts against my account in payment of my Palmetto Electric Cooperative, Inc. bills, until this authority is revoked in writing and received by the above named bank at least 10 working days prior to a presentation of a draft. The bank is authorized to pay these drafts when so drawn and presented for payment and to charge the same to my account. I further agree to also notify Palmetto Electric Cooperative, Inc. in writing if I withdraw this authority.

_____ **Your Signature as accepted by Bank**

_____ **Date**

Return Form with a
VOIDED CHECK to:

Palmetto Electric Cooperative, Inc.
P O Box 820
Ridgeland, SC 29936

Note: If you have more than one Palmetto Electric account and wish to have drafts on all accounts, please list all account numbers on the form you return. If your bank account number changes or bank merges, please notify us immediately. Your account is not drafted on due date of bill, but on Friday of the following week after bill date.

----- Attach Voided Check Here -----