

CITY OF OKOLONA ELECTRIC DEPT
217 W MAIN ST.
OKOLONA, MS 38860



BANK DRAFT PERMISSION FORM

I, _____, give the City of Okolona Electric Dept. permission to take an automatic 'draft out of the checking account listed below each month in the amount of my electric bill(s). I understand that The City of Okolona Electric Dept. will make a draft out of my account for the amount of my electric bill on or as close to the due date depending on holidays and/or weekends. I understand that the amount could come out of my account on a business day before or after my due date due to holidays and/or weekends.

Date _____

Signature _____



(Please read this form thoroughly to make sure your information is correct and you understand this agreement before signing, Thank you.)

Customer Name: _____

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

Electric Account Name: _____

Electric Account Number: _____

Date of Request: _____

Contact Phone Number(s): _____
