



## AUTOMATIC BANK DRAFT AUTHORIZATION FORM

All information is required before processing.

<u>PERSONAL INFORMATION</u>	<u>FINANCIAL INFORMATION</u>	
Name (Please Print)	Name of Financial Institution	
Service Address	Financial Institution Address	
City, State and Zip	Financial Institution City, State and Zip	
Telephone Number	Financial Institution Telephone Number	
E-mail Address	Routing Number (First 9 Digits at bottom of check)	Checking Account Number

Please contact your financial institution to confirm the appropriate ACH bank routing number and correct bank account number. These numbers may differ from your checking account number.

Upon receipt of this completed authorization form, bank drafting of payments for the account(s) listed below will begin on the next billing statement. The word "Bank Draft" will appear on your billing statement and the date of the draft will be indicated on the statement. The payee on the statement from your bank will indicate Denton County Electric Cooperative, Inc., d/b/a CoServ Electric.

I grant authority to CoServ Electric and/or CoServ Gas to draft my account listed above for payment amounts due on the account(s) listed below. The financial institution listed above is authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

\_\_\_\_\_  
Signature (as accepted by your Financial Institution)

\_\_\_\_\_  
Date

Please list below the CoServ Electric and/or CoServ Gas account number(s) for each account you would like to be paid by bank draft:

**CoServ Account Number(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Forward Completed Authorization Form

**E-mail: [contact@coserv.com](mailto:contact@coserv.com)**

**Fax to: (940) 270-6640—ATTN: Customer Service**

**Or Mail to: CoServ (ATTN: Customer Service)  
7701 S Stemmons, Corinth, TX 76210**

If you have questions, please contact Customer Service at (940) 321-7800 or (800) 274-4014 during the hours of 8 a.m. to 5 p.m., Monday through Friday.