

HILCO ELECTRIC COOPERATIVE, INC. CONSUMER DRAFT AUTHORIZATION FORM

Name(s):		
(As it appears on your	electric bill)	
		one: ()
Address:		p Code:
Bank or Savings and Loan:		
City:		
(As it appears on your Bank or S		
Checking or Savings Account N	Tumber:	
Checking or Savings Routing Number:		
drafted the next business day. This the same as a check personally signs Savings and Loan and HILCO Elect This form must be signed and retu	authority is to remain in effect until ed by me. I have the right to stop pa tric Cooperative, Inc. reserves the rig urned to HILCO a minimum of 15 If it is received less than 15 days	r to the due date falls on a holiday, my bank account will be revoked by me in writing. I agree that each payment shall be yment of a charge by timely notification to my Bank or ght to terminate this draft service (or my participation therein). 5 days prior to the next bill due date in order for the draft prior to the current bill due date, the draft will not be
SIGNATURE:		Date:
Please sign and include this fo	rm with your check payment,	or attach a voided personal check
Mail to: HILCO Electric Coop		
Attention: Consumer		
P.O. Box 127, Itasca,	1X /6055-012/	
	HILCO OFFICE U	JSE ONLY
Membership Number:		Date of Bill:
Consumer Bank A/C Number_		
Bank Routing Transit Number_		
Date of Draft	Completed By	Letter Mailed_
Dank Codo		Lavalizad