



Vermont Electric Cooperative, Inc. Monthly ACH Bank Draft Application

Name on electric account: _____
(Please print)

Mailing address: _____

Daytime contact number: _____ Home phone number: _____

VEC account number(s): _____

Bank name: _____

Bank address: _____

Bank ABA/routing number: _____
(9 digit number)

Checking/Savings account number: _____

I authorize VEC to deduct my monthly electric bill(s) from my checking or savings account. I understand that I control my payments and if at any time I decide to discontinue this payment process, I will notify VEC by contacting the member service department either in writing or by telephone.

*****Please return a voided check with this form*****

Authorization signature: _____ Date: _____

Please allow 30-60 days for the direct payment option to take affect and continue to pay your electric bill until your bill indicates that your payment is being made automatically. Your bill will reflect **"bank draft do not pay"**. The bill amount will be deducted from your checking account approximately 14 days after the bill date on your electric statement.

Office use only: Data entry initials _____ NISC _____ Date _____

Mail completed form to: Vermont Electric Cooperative, 42 Wescom Road, Johnson, VT 05656