

DRAFT AUTHORIZATION

I _____, authorize Southern Rivers Energy to draft my Checking/Savings account **OR** Credit/Debit card monthly for the amount of my electric bill on the Friday before the “PAST DUE AFTER” date (please refer to your bill).

Please indicate the preferred draft option:

Checking/Savings Account

Credit/Debit Card (Visa or MasterCard only)

I understand that it is my responsibility to keep Southern Rivers Energy updated on changes to my Checking/Savings account **OR** Credit/Debit card. These changes include, but are not limited to change of name, billing address, account closure, change of expiration date, card cancellation, etc. Failure to do so could result in disconnection of service, reconnection fees and/or late fees.

Southern Rivers Energy account(s) you wish to have drafted _____.

Signature

Date

Phone number

Please do not include your financial information on this form. Upon receipt of this authorization, we will call you for your card or checking/savings account number.

This institution is an equal opportunity provider and employer.