



Vermont Electric Cooperative, Inc Bank Draft Authorization

Name on account (please print): _____

Mailing address: _____

Daytime phone number: _____

VEC account number(s): _____

Bank name: _____

Bank address: _____

Bank ABA/routing number: _____

Checking/savings account number: _____

I authorize VEC to deduct charges for 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 phone at 1-800-832-2667.

****PLEASE INCLUDE 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 state “bank draft do not pay.” The bill amount will be deducted from your account approximately 14 days after the bill date on your statement.

Please mail the completed form to Vermont Electric Cooperative, 42 Wescom Rd, Johnson, VT 05656.

DO NOT EMAIL OR FAX THIS FORM TO VEC.

Office use only

Initials _____

Date _____