

Authorization To Pay Electric Bill

Return this form to Oklahoma Electric Co-op, P.O. Box 1208, Norman, OK 73070

Please enclose a VOIDED check with this application.

Name _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

OEC Account # _____ Financial Institution _____

Checking/Savings Acct. # _____ City/State _____

I authorize Oklahoma Electric Cooperative to initiate monthly deductions, beginning next month and continuing each month thereafter, for payment of my electric service bill and for the financial institution specified by me to pay the amount from my checking or savings account. This authority is to remain in effect until revoked by me in writing. I understand that both OEC and my financial institution reserve the right to terminate this payment plan or any participation therein.

Date _____

Signature _____