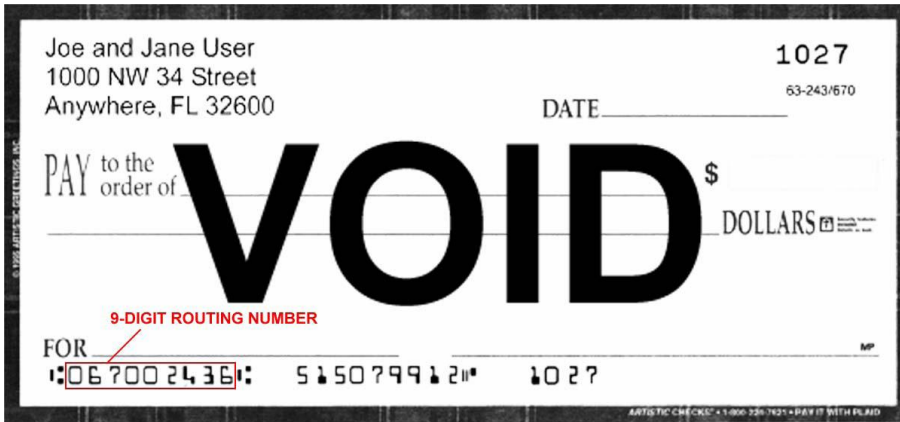




**AUTOMATIC BANK DRAFT AUTHORIZATION FORM**

Personal Information		Financial Information
Utility Account Number(s):		Name of Financial Institution:
Account Name:		Bank Address:
Mailing Address:		City, State, Zip:
City, State, Zip:		Checking or Savings Account Number:
Contact Phone Number:		Bank Routing Number (first 9-digits at bottom of check):
Driver's License Number:	Date of Birth:	



**Please attach a  
VOIDED CHECK  
in this section.  
-Checking Accounts Only-**

**MAIL COMPLETED FORM TO:  
McDonough Power Co-op  
Member Services  
P.O. Box 352  
Macomb, IL 61455-0352**

I hereby authorize McDonough Power Cooperative to initiate debit entries to such account by funds transfer for payment of my monthly utility bill. This authority is to remain in full effect until I notify McDonough Power Cooperative that I wish to end this agreement and McDonough Power Cooperative has had reasonable time to act on it. I further understand that in the event my account has insufficient funds to cover the monthly payment amount drafted, or my monthly draft rejects due to account closed status, bank ownership changes, account changes, or for any other reason, my electric account will incur a "return check fee" up to the highest amount allowed by law in the State of Illinois. I attest I am an authorized owner of the Depository Account listed above, and am exercising my powers as such.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

<i>Office Use Only</i>	
Entered by: _____	Date Entered: _____