

SECO ENERGY BANK DRAFT CHANGE FORM

THIS FORM MUST BE COMPLETED FOR ALL BANK DRAFT CHANGES

PLEASE PRINT

DATE:			
MEMBER'S NAME:			
PHONE NUMBER:			
ACCOUNT NUMBER(S):		CYCLE:	

DOES THIS CHANGE INVOLVE CAPITAL CREDITS? () YES () NO

FAXED CHANGE ACCOUNT JOB ORDER TO BILLING? () YES () NO

REMOVE - FROM BANK DRAFT () YES () NO

DRAFT DATE

AMOUNT DUE

IF BALANCE DUE, CAN WE DRAFT ON SCHEDULED DATE? () YES () NO

ADD - THE FOLLOWING ACCOUNTS ARE TO BE DRAFTED FROM MY CURRENT BANK ACCOUNT ON FILE ON SECO ACCOUNT NUMBER:

IF CHANGING BANKS OR ACCOUNT NUMBERS A VOIDED CHECK MUST BE ATTACHED

CHANGE - BANK ACCOUNT NUMBERS OR BANK NAME

OLD BANK ACCOUNT NUMBER: _____

NEW BANK ACCOUNT NUMBER: _____

OLD BANK NAME: _____

NEW BANK NAME: _____

MEMBER SIGNATURE _____

() CALLED _____ IN BILLING

() FAXED CHANGE FORM

EMPLOYEE SIGNATURE _____

SECO Energy is an equal opportunity provider and employer.

