The easy way

to pay...

Bank Draft Authorization

With our Bank Draft Authorization (BDA) program, you don't have to worry about writing a check and sending your payment to us every month. This convenient program automatically drafts your payment from your checking account. You save time and the cost of stamps and checks needed to pay your bill.

Customers with accounts in good standing are eligible, including those on the Budget Billing Plan. Each month you will receive a message on your bill with the <u>date</u>, and the <u>amount</u> we will be drafting from your account. When you see this message on your payment stub, you no longer need to write a check, or mail a payment - it will be taken care of automatically! You may discontinue your participation by submitting a written notice to DEC, Attention Billing Dept.

To join, complete the form below and attach a voided check, or a copy of a check, for the account from which you want the funds drafted. Bring or mail these to Delaware Electric Cooperative, Attention Billing, P.O. Box 600, Greenwood, DE 19950, or simply complete and enclose with your payment.

B D A A P P LICATION NAME: MAILING ADDRESS: TOWN/CITY: STATE/ZIP: DELAWARE ELECTRIC COOPERATIVE ACCOUNT NO(s): *If you have more than one account, include all accounts you wish to register for BDA. NAME OF BANK: NAME BANK ACCOUNT IS IN: CHECKING ACCOUNT NO: BANK PHONE NUMBER: (Enclose a voided check, cancelled check, or a copy of a check) I/we authorize Delaware Electric Cooperative to draw monthly bank drafts on my/our bank checking account for the payment of my/our monthly electric billig). Department. I/we understand DEC reserves the sthere stringed by the bank will be charged to your account. SIGNATURE: DATE:	So	
MAILING ADDRESS:	BDA APPL	ΙζΑΤΙΟ Ν
TOWN/CITY: STATE/ZIP: DELAWARE ELECTRIC COOPERATIVE ACCOUNT NO(s): */f you have more than one account, include all accounts you wish to register for BDA. NAME OF BANK: NAME BANK ACCOUNT IS IN: CHECKING ACCOUNT NO: BANK PHONE NUMBER: (Enclose a voided check, cancelled check, or a copy of a check) I/we authorize Delaware Electric Cooperative to draw monthly bank drafts on my/our bank checking account for the payment of my/our monthly electric bill(s). This authorization is good until such time as I/we discontinue participation in DEC's BDA program by notification in writing to DEC's Billing Department. I/we understand DEC reserves the right to limit participation to customers whose accounts are in good standing. If any deduction is not honored by your bank, the applicable fees charged by the bank will be charged to your account.	NAME:	
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