

**For MEC Use Only**

Cycle #: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Due Day: \_\_\_\_\_

**Bank Draft Request Form  
Mountain Electric Cooperative, Inc.**

**Corporate Office**  
P.O. Box 180  
Mountain City, TN 37683  
423-727-1800  
Fax: 423-727-1822

**Newland District Office**  
P.O. Box 1240  
Newland, NC 28657  
828-733-0159  
Fax: 828-733-3213

**Roan Mountain Office**  
P.O. Box 103  
Roan Mountain, TN 37687  
423-772-3521  
Fax: 423-772-4340

Name on MEC Bill: \_\_\_\_\_

MEC Account #(s): \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Bank Routing/Transit #: \_\_\_\_\_

Personal Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

Physical Address of Bank: \_\_\_\_\_

Town, State, & Zip Code: \_\_\_\_\_

**PLEASE ENCLOSE A VOIDED CHECK FROM THE BANK ACCOUNT YOU WOULD LIKE YOUR PAYMENT TO BE DRAFTED FROM.**

I authorize Mountain Electric Cooperative, Inc. to submit a bank draft on my checking account each month in the amount of my electric bill.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_