

424 Sumter Highway

PO Box 548

Kingstree SC 29556 -

843-355-6187

www.santee.org

## AUTHORIZATION AGREEMENT FOR ELECTRONIC DRAFTING OF CHECKING ACCOUNT OR CREDIT CARD

Name	
Account Nu	mber
I hereby authorize Santee Electric Cooperative, Inc. to initiate debit entries to my checking/credit card account on a monthly basis.	
□ Checl	king Account
	Transit/Routing Number
	Checking Account Number
	Name of Financial Institution
	Please enclose a voided check so the routing number and checking accounting number may be verified.
□ Credi	t Card Account Mark one: Master Card Visa American Express  Card Number
	Expiration Date
This authorit received notif	y is to remain in full force and effect until Santee Electric Cooperative, Inc. has ication from me of its termination.
Member Signa	ature
MSR Signatur	e Date

