
ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Scottsboro Electric Power Board (SEPB) to initiate monthly entries to my (our) checking/savings accounts at THE FINANCIAL INSTITUTION listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until SEPB is notified by me (us) in writing to cancel it in such time as to afford SEPB and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

(Phone Number)

(SEPB Customer Account Number)

Financial Institution Routing Number: _____

Checking/Savings (circle account type) Account Number: _____

These numbers are located on the bottom of your check as follows:

⑆ 1 23456789 ⑆ 1 234567890123 ⑆
Routing Number Account Number

****Please return this completed form along with a voided check.**