



**TWIN COUNTY ELECTRIC  
POWER ASSOCIATION**

**BANK DRAFT AUTHORIZATION FORM**

<b>TWIN COUNTY MEMBER INFORMATION</b>	
<b>MEMBER NAME</b>	<b>MEMBER NUMBERS</b>
_____	_____
<b>PHONE NUMBER</b>	_____
_____	_____

<b>BANK INFORMATION</b>	
<b>BANK NAME</b>	<b>CITY, STATE</b>
_____	_____
<b>ACCOUNT NUMBER</b>	<b>ROUTING NUMBER</b>
_____	_____

I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the order of Twin County Electric Power Association, Hollandale, MS, provided there are sufficient funds in said account to pay the same upon presentation. I agree that the Bank's rights in respect to each such draft shall be the same as if it were a draft on your Bank and signed personally by me. The authorization is to remain in effect until revoked by me in writing and until you receive such notice. I agree that you shall be fully protected in honoring any such draft.

I further agree that if any such draft be dishonored, whether with or without clause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever even though such dishonor results in injury, damage or loss.

**DATE / YEAR**

**SIGNATURE**

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**Mail to: Twin County Electric Power Association  
(Enclose a "Voided" Check)  
P.O. Box 158  
Hollandale, MS 38748**

