



Auto Draft Payment Authorization Form

Dear Member,

By enrolling in the Auto-Pay Program, you would no longer need to worry about mailing your utility payment each month.

If you are interested in choosing this option, please do the following:

1. Complete this form.
2. Enclose a voided check (if applicable).
3. Return this form and the voided check to our office. See below for contact information.

Please note that the form must be signed to authorize the use of your bank information. If you have a bank account but do not have checks, you may still participate in this program by filling out this form and returning it to our office.

If you have any questions, please contact our office at 800-239-3092.

Name _____

Pioneer Electric Account Number _____

Name of Bank _____

Bank Routing # _____ Your Account # _____

Account to be drafted (check one): Checking Savings

*Your signature is authorization to draft the stated bank account for the above listed accounts.
It usually two billing periods to set this draft up with the bank. You may have to make the next payment as usual.*

Signature _____ Date _____

Return all required forms either in person, or by the following options:

Greenville:
fax: 334-382-4907
mail: PO Box 468
Greenville, AL 36037

Selma:
fax: 334-383-4155
mail: PO Box 40
Sardis, AL 36775

or by email:
email@pioneerelectric.com