



# 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.

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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