

AUTHORIZATION TO PAY ELECTRIC BILL
(ACH DEBITS)

Return this form to South Louisiana Electric Cooperative, P.O. Box 4037, Houma,
LA 70361

Please enclose a **VOIDED** Check with this Application

I (we) authorize South Louisiana Electric Cooperative Association, SLECA, to start debit entries to my (our) **Checking** **Savings account** (select one) at the financial institution named below and to debit my account accordingly.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Acct. No. _____

This authorization is to remain in effect until SLECA has received written notification from me (or either of us) of its termination in time to allow SLECA and the Financial Institution a reasonable opportunity to act on it.

Account Name: _____
Please Print

SLECA Account Number: _____

Date _____ Signed _____

Date _____ Signed _____