

**AUTHORIZATION TO DISCONTINUE ELECTRIC BILL PAYMENTS
THROUGH ACH DEBITS**

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

I (we) authorize South Louisiana Electric Cooperative Association (SLECA) to
discontinue debit entries from my () **Checking** () **Savings account (check one)**.

Account Name _____

Please print

SLECA Account Number _____

Date _____ Signed _____

Date _____ Signed _____