

(BANK DRAFT SERVICE REQUEST)

ACH PREAUTHORIZED PAYMENT AGREEMENT (DEBIT)

I (We) hereby authorize **CEPCO** to automatically debit my checking _____ savings _____

_____ at _____
Routing Number Account Number Financial Institution

Association Name

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

Print Name

Property Address

Signature

Date

Effective month of 1st Draft

Please attach a voided check for checking account draft or a voided withdrawal form for savings account draft.

**Please return to:
1628 Doctors Circle, Wilmington, NC 28401**

Or email: accounting@cepco-nc.com

****Please note CEPCO drafts on the 7th day of each billing period or the next billing day if the 7th falls on a weekend or a Holiday.**