

Bank Draft Authorization Form

Name, as it appears on elect	ric bill:		
Clark Energy Account # '(s)			
Service location address:			
Home phone # ()		Cell phone # ()	
Bank Name:	Routing #	Account #	
	(<i>or</i> attacl	n a voided check)	

I hereby authorize Clark Energy Cooperative Corporation (Clark Energy) to debit my bank account in payment of electric service at the account(s) listed above. This authorization may be terminated up to four working days before the bank draft payment date, upon the request of either party. I understand that my account(s) will be drafted monthly until I notify Clark Energy in writing that I wish to terminate using the Automatic Bank Draft Service.

Complete this authorization form and attach a voided check. You may mail the authorization form along with your Clark Energy payment, or mail it separately to: Clark Energy, P O Box 748, Winchester, KY 40392-0748

Signature _____

Date _____