



P.O. Box 299 – Kingfisher, OK 73750  
PHONE (405) 375-4121 FAX (405) 375-4209  
E-MAIL – [billing@ce.coop](mailto:billing@ce.coop)

## AUTHORITY TO HONOR BANK DRAFT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
BANK ACCOUNT NUMBER

\_\_\_\_\_  
CITY/STATE/ZIP CODE

\_\_\_\_\_  
NAME OF BANK

\_\_\_\_\_  
CIMARRON ELECTRIC  
ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS OF BANK

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ABA ROUTING NUMBER – PERSONAL BANK CODE  
(LOWER LEFT CORNER OF CHECK – 9 DIGITS)

THIS IS TO ADVISE YOU that I, the undersigned, a member of Cimarron Electric Cooperative, P.O. Box 299, Kingfisher, OK 73750, do hereby authorize said Cooperative, thru its authorized employee, to draw monthly drafts on my account in your bank for current electric account and service furnished to me by the said Cooperative. Your authority to charge such drafts to my account shall cease upon my delivery to you of written notice of revocation of this authority, and until you actually receive such notice I agree that you shall be fully protected in honoring any such drafts. I further agree that if any such draft be dishonored whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of service or disconnection of this utility.

\_\_\_\_\_  
(MEMBERS SIGNATURE)

