

JCPB BANK DRAFT APPLICATION

Please read and sign the authorization agreement below, as well as complete the highlighted areas of the form and attach a voided check or deposit ticket depending on the type of account. Return this form to: Johnson City Power Board, Attn: Accounting Services, P.O. Box 1636, Johnson City, TN 37605.

I, hereby, authorize Johnson City Power Board to automatically debit my bank account for payment of my monthly energy bill. I agree each payment shall be the same as if it were an instrument personally signed by me. This authorization will remain in effect until revoked by me in writing. Once Johnson City Power Board receives written notification, it shall have a reasonable time to effect all necessary requirements to terminate this agreement.

I understand Johnson City Power Board will continue to bill me each month and that there will be a minimum of 10 days after billing date to notify Johnson City Power Board of any error or dispute on the bill. I realize that if an adjustment is warranted for a current month's bill, the adjustment may be applied after the debit has been drawn and a credit will appear on my next month's energy bill. I understand Johnson City Power Board may impose processing fees and bank charges for accounts found to contain insufficient funds. I realize this agreement is nontransferable and nonnegotiable. I further understand that should I request a disconnect of electric service that my account will be drafted in full upon a disconnection of electric service and final billed.

Pertains only to budget billing customers: Customers participating in the budget billing program accounts will be drafted the full amount due at the end of the budget year (June or July). If the account has a credit balance at budget year-end, the account will not be drafted.

Name Cycle _____

Address City/State/Zip

Home Phone Work Phone

Account number as shown on your energy bill

Name of bank or financial institution

Bank routing number Bank account number

Bank Address City/State/Zip

Type of account: Checking Savings _____

Customer Signature

CSR:

**NOTE: If account type is savings, attach a deposit slip.
If account type is checking, attach a voided personal check.**