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AUTHORIZATION FOR BANK DRAFT

*****PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM, THANK YOU*****

ADD: CANCEL: CHANGE:

DATE: _____

CYCLE: _____ (office use only)

NAME ON ELECTRIC BILL: _____

ACCOUNT NUMBER ON ELECTRIC BILL: _____

SERVICE ADDRESS: _____

I hereby authorize New River Light & Power Company to draw monthly drafts from my bank account for payment on my monthly electric bills. I authorize New River Light & Power Company to honor such drafts until I provide notification in writing that I withdraw this request.

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

CUSTOMER SIGNATURE: _____