



PO Box 1130  
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Office (828) 264-3671, Fax (828) 262-6726

## 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 may notify you in writing that I will withdraw this request.

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_