

PO Box 38 Steeleville IL 62288 10169 Old Hwy 13 Murphysboro IL 62966

888-554-8181 fx

800-606-1505 888-55 www.eeca.coop

Monthly Check Writing is Over!

1.	Fill	in	the	blanks	below.	
----	------	----	-----	--------	--------	--

- 2. Attach a voided check if requesting a direct debit of a checking account.
- 3. Return this form with your next payment or mail separately.

Name on Electric Acct	Name on Bank or Card Acct				
Address	City, State, Zip				
Daytime Phone	EECA Acct No(s) (found on bills)				
I would like my electric account par	d by: □ Direct Checking or Savings Debit □ Credit or Debit Card				
A. Financial Institution Informat	ion				
Name of Financial Institution (for c	irect debit accts)				
Address	City, State, Zip				
Institution Phone	Acct No. (last four digits)(fill in complete Acct No below)				
□ Checking □ Savings Routing No. (from lower left on check)					
B. Credit-Debit Card Information	I				
Type of Credit-Debit Card	aster Card 🛛 Visa 🔹 Discover Expiration Date:				
Card Last Four Digits (fill in complete Acct No below) I authorize Egyptian Electric Cooperative Association to instruct my financial institution to make my utility payment(s) on the due date from the					
until Egyptian Electric Cooperative Associa	edit or debit card for my utility payment(s) on the due date of the bill. This authority remains in effect ion or my financial institution has received written notification from me of termination in time to allow Egyptian Electric Cooperative Association has sent me written notice of termination of this agreement.				
	Date				
•					
B. Complete Credit/Debit Card N	o Three Digit Verification Code				
C. Paper-less billing					

If you would like to receive your bill electronically and discontinue the mailing of a paper bill, please access your account through the Pay Online button at www.eeca.coop and choose the paperless billing option. If you have not established electronic assess to your account, you may do so through this same portal.