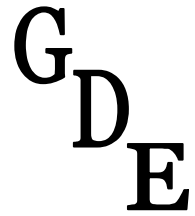


GALLATIN DEPARTMENT OF ELECTRICITY

P.O. BOX 1555 • 135 JONES STREET
GALLATIN, TENNESSEE 37066
(615) 452-5152 • FAX (615) 452-6060
www.gallatinelectric.com



BANK DRAFT AUTHORIZATION

PLEASE PRINT

GDE CUSTOMER NUMBER: _____
(as appears on bill)

NAME: _____

SERVICE ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF BANK: _____

BANK ADDRESS: _____
(address where account was opened) (street address) (City) (State) (Zip)

Checking Savings

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____
(DO NOT USE Deposit Slip Routing Number)

Gallatin Department of Electricity is hereby authorized to draft my bank account each month for my electric bill.

Enclosed is my bank check marked **VOID**.

SIGNATURE: _____ DATE: _____

Your monthly statement will be marked "will be paid by bank draft".

Please allow approximately 7 days from date of request to become effective.

Each month the amount of your electric bill will automatically be deducted from your checking/savings account **up to 5 days prior to the due date**.

The due date for this location is the _____ of each month.

I understand that my account will be paid by bank draft until such time as I provide written or email notification to Gallatin Department of Electricity to cancel this authorization.