

# Enrollment Form

**YES!** I am interested in Lynch River Electric Cooperative's **Bank Draft Program**.

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

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

LYNCHES RIVER ELECTRIC ACCOUNT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_CHECKING \_\_\_SAVINGS      BANK ACCOUNT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**You may return this card with your payment, or bring it with you when you visit our office.**