

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.