

Toll Free
800-794-5012

*

Jonesboro
870-932-8301

*

Paragould
870-239-2557

*

Walnut Ridge
870-886-1616

*

www.craigheadelectric.coop

*

Outage Reporting Number
888-771-7772

*



**Craighead Electric
Cooperative Corporation**

Your Touchstone Energy® Cooperative 

P. O. Box 7503
Jonesboro, AR 72403
(800)794-5012, www.craigheadelectric.coop

‘It’s free’

**Don’t ever write another check
for your electric bill!!!**

 With our **AUTOMATIC BANK DRAFT**, you
can make paying your electric bill worry-free.

 Your account will be drafted the same date
each month.

 You can quit worrying about due dates,
writing checks or being unable to pay while you’re
away from home.

 No fees – **‘IT’S FREE’**

 If you would like to sign up for this **FREE**
service, complete the authorization form on the
back of this brochure and return in to Craighead
Electric Cooperative Corp.

 You will continue to receive an electric bill
each month for your records and your bank
statement will reflect the amount paid.

**CRAIGHEAD ELECTRIC COOPERATIVE CORPORATION
AUTOMATIC BANK DRAFT AUTHORIZATION FORM**

Name: _____
(As it appears on your electric bill)

Home Phone: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Craighead Electric Account Numbers To Be Paid By Draft:

Bank or Savings and Loan: _____

City: _____ State: _____

Name: _____

(As it appears on your bank account)

Checking or Savings Account Number: _____

(Please check one of the above)

Bank Routing Number: _____

Date Account to be drafted ---Cycle 1 - drafted 20th, Cycle 2 - drafted 8th, Cycle 3 - drafted 14th

Please include a voided personal check with this form.

I authorize the Bank or Savings and Loan named above to pay my monthly Craighead Electric Cooperative electric bill and to deduct each payment from my checking/savings account. This authority is to remain in effect until revoked by me in writing. I agree each payment shall be the same as a check personally signed by me. I have a right to stop payment of a charge by timely notification to my Bank or Savings and Loan and Craighead Electric Cooperative reserves the right to terminate this draft service (or my participation therein).

SIGNATURE: _____ DATE: _____

Mail to: Craighead Electric Cooperative Corp.
P.O. Box 7503, Jonesboro, AR 72403

CECC OFFICE USE ONLY

Member Account Number: _____ Date of Bill: _____

Bank A/C Number: _____

Bank Routing Transit Number: _____

Date of Draft: _____ Completed by: _____ Letter Mailed: _____

Bank Code: _____