



Bank Draft

Authorization Form

DREMC Account Information

Name(s) on Account: _____

Member Number: _____ Location: _____

Address: _____

Phone Number: _____

Bank Draft Authorization

(\$10 one-time account credit)

Name on Bank Account (if different from member name): _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Bank Address (if not local): _____

Signature: _____ Date: _____

By enrolling in bank draft the member agrees to stay on bank draft for a minimum of 12 months, or for as long as the account remains open, whichever is shorter.

A voided check must accompany this form to provide proper bank account coding.

Please return this form with a voided check to your local DREMC office or by emailing corpinfo@dremc.com.

To enroll in automatic credit card payments, please contact your local office to speak with a Member Services Representative.