



# 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 OR proper bank account information must accompany this form to provide accurate bank account coding.**

Please return this form to your local DREMC office or by emailing [corpinfo@dremc.com](mailto:corpinfo@dremc.com).

A voided check OR proper bank account information must accompany this form.

*To enroll in automatic credit card payments, visit [www.dremc.com](http://www.dremc.com) and use the payment portal, or contact your local DREMC office and speak with a Member Service Representative.*