



Bank Draft

Authorization Form

DREMC Account Information

Name(s) on Account: _____

Member Number: _____ Location: _____ Cycle: _____

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

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