



C&L Electric
Cooperative Corporation

BANK DRAFT CANCELLATION FORM

I request that C&L Electric Cooperative Corporation CANCEL the monthly automatic bank draft on the following accounts. **C&L Account number(s) must be included on this form.*

Name (as it appears on your electric bill)

***C&L Account Number(s)**

Current Billing Address – (Street, City, State, Zip)

Daytime Phone

<input type="text"/>	<input type="text"/>
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Effective Date

I understand that a notice must be given at least 5 business days before the effective day of this cancellation.

Bank Account Number (Maximum of 15 numbers)

Do not include check number

Name on the Bank Account

<input type="text"/>	<input type="text"/>
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Name of Bank

Special Instructions

Signature _____

Date _____

Mail to: C&L Electric Cooperative Corp.
Attn: Consumer Drafts
P O Box 9
Star City, AR 71667

Email to: customerservice@clelectric.com

Questions: Call 870-628-4221