



Egyptian Electric
Cooperative Association

Your Touchstone Energy® Cooperative 

PO Box 38
Steeleville, IL 62288
1-800-606-1505 www.eeca.coop

Monthly Check Writing Is Over!



1. Fill in the blanks below.
2. Return this form with your next payment or mail seperately.
3. Enclose a voided check.

Name On Electric Account _____ On Bank Account _____

Address _____

City, State, Zip _____

Daytime Phone _____ EECA Account No(s) (found on bills) _____

Financial Institution Information

Name of Institution _____

Address _____ City, State, Zip _____

City, State, Zip _____

Institution Phone _____ Account No. _____

Checking Savings Routing No. (from lower left on check) _____

I authorize Egyptian Electric Cooperative Association to instruct my financial institution to make my utility payments on the due date from the account listed above. This authority remains in effect until Egyptian Electric Cooperative Association or my financial institution has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until Egyptian Electric Cooperative Association has sent me written notice of termination of this agreement.

Signature _____ Date _____