



Collinsville Energy
106 N 12th St, PO Box 730
Collinsville, OK 74021
918-371-1010 Fax 918-371-1014

Name _____ Utility Account # _____

Home Phone _____ Work Phone _____ Cell _____

Service Address _____

City _____ State _____ Zip _____

Depository Name _____ Branch _____

City _____ State _____ Zip _____ Checking _____ Saving _____

Routing Number _____ Account Number _____

I (we) hereby authorize Collinsville Energy, to initiate debit entries to my (our) Checking Account/Savings Account indicated above from the financial institution named above.

Name(s) _____

Date _____ Signature _____

This authorization will remain in full force and effect until Collinsville Energy has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Collinsville Energy a reasonable opportunity to act on it.

****TWO RETURNED DRAFTS WILL RESULT IN AUTO DRAFT CANCELLATION AND CASH ONLY FOR ONE YEAR****

Office Use _____

____ New Request Input ____/____/____ Init ____ Cancel Date _____ Init _____

Attach Voided Check Here

Authorization to Pay Utilities Bill
Collinsville Energy
106 N 12th St Collinsville, OK 74021