

**Gainesville District Office**  
8616 Northwest 39th Avenue  
Gainesville, FL 32606  
(352) 372-8543

**Keystone Heights District Office**  
P.O. Box 308 S.R. 100 West  
Keystone Heights, FL 32656  
(352) 473-4917

**Lake City District Office**  
1910 SW Main Blvd.  
Lake City, FL 32025  
(386) 752-7447

**Orange Park District Office**  
734 Blanding Boulevard  
Orange Park, FL 32065  
(904) 272-2456

**Palatka District Office**  
300 North S.R. 19  
Palatka, FL 32177  
(386) 328-1432

**Salt Springs District Office**  
P.O. Box 5500 C.R. 316  
Salt Springs, FL 32134  
(352) 685-2111



**Automatic  
Monthly  
Payment  
Plan**

**Have your electric bill  
payment automatically  
deducted from your  
bank account.**

The graphic shows a hand holding a pen over a stack of US dollar bills, with the text 'Automatic Monthly Payment Plan' overlaid in large, bold letters. Below the title, a smaller bold text states: 'Have your electric bill payment automatically deducted from your bank account.'

## Automatic Monthly Payment Plan

The Automatic Monthly Payment Plan offers you the convenience of having your electric bill payment automatically withdrawn from your bank account on the payment due date. You save the expense of a postage stamp or a special trip to your district office. You don't have to worry about mail delivery and you can be assured that your monthly payment will be credited to your account on time.

Signing up for the Automatic Monthly Payment Plan is easy. Complete the authorization form in this brochure and mail to Clay Electric, ATTN: Automatic Monthly Payment Plan, P.O. Box 308, Keystone Heights, FL 32656. An online application form is also available on the co-op's web site ([clayelectric.com](http://clayelectric.com)).

The first automatic deduction may take place on the due date of your next electric bill statement, or it may take an additional billing cycle, depending on when your next bill is mailed. The message "Payment by Bank Draft" on the bottom portion of your bill indicates that month's payment will be automatically withdrawn. You will continue to receive a monthly bill statement in the mail, or via email if you participate in the Clay eBill program.

If you prefer a different bank withdrawal date from what is indicated on the statement, you may adjust the date within a range of days. This adjustment may be made online, in person at any of our district offices, or with the assistance of a customer service representative over the phone.

If you have any questions about the amount to be withdrawn, call your local district office at least three business days prior to the payment due date.

## Plan Application

I (we) authorize Clay Electric Cooperative, Inc. to initiate debit entries to my bank account (United States financial institutions only), and my bank to accept and post these debit entries, for the payment of my monthly electric bill.

I (we) understand an electric bill will be sent to the current billing address, or email address in the case of Clay eBill participants, and I (we) agree to notify Clay Electric of any changes to the bank or bank account listed below at least three (3) business days prior to the payment due date.

I (we) understand the bank account will be charged on the due date and further agree there will be sufficient funds in the designated bank account on the due date. If there are insufficient funds, Clay Electric will have the right to invoke its standard collection practices and fees.

This agreement may be terminated by giving Clay Electric Cooperative, Inc. notice at least three (3) business days before the due date. Clay Electric may terminate the agreement at its discretion by giving written notice at least three (3) business days before the due date.

Name \_\_\_\_\_  
(please print exactly as it appears on your **electric bill**)

Social Security Number \_\_\_\_\_

Customer Number \_\_\_\_\_

Please list any other customer numbers that you also want bill payments to be withdrawn from your account on the Automatic Monthly Payment Plan.

\_\_\_\_\_  
Name \_\_\_\_\_  
(please print exactly as it appears on your **bank statement**)

Bank name \_\_\_\_\_

from Checking or  from Savings

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

IF YOU CHOOSE CHECKING, PLEASE SUBMIT A VOIDED OR CANCELLED CHECK WITH THIS APPLICATION.

Customer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail completed application to:  
Clay Electric, ATTN: Automatic Monthly Payment Plan  
P.O. Box 308, Keystone Heights, FL 32656.