

## **AUTHORITY TO HONOR DRAFT**

Date:	, 20		
Го:			
Го:(Bank Name)			
at(City, State)			
COOPERATIVE, INC its authorized employe account and service fu honor such drafts, until	of Deming, New Me, to draw monthly described to me by the such time as I may re-	dersigned, a member of COLU exico do hereby authorize said Crafts on my account in your banks said Cooperative, and I do herevoke this order.	Cooperative, through k for current electric by authorize you to
Member's Bank Accou	unt #	Member Signature	
Member's Electric Acc	count #:		e e
Member Name:			
Member Address:			
**Please send	a voided check.		