



e-Check Authorization Form

Please print this form, complete and sign it, attach requested documentation, and mail or deliver to NOVEC as indicated at the bottom of this form.

Name (as shown on NOVEC bill): _____

Address: _____

Daytime phone number: _____

NOVEC account number: _____

NOTE: If you have more than one account, list all account numbers to be included in the e-Check payment plan.

Bank Information

Name of bank: _____

Name of bank account holder: _____

Bank account number: _____

I authorize the financial institution named to charge my:

Checking account (enclose voided check)

Savings account (enclose voided deposit slip) and
remit payment for my monthly electric bill to NOVEC.

I understand that I control my payment and if at any time I decide to discontinue the e-Check payment plan, I will notify Northern Virginia Electric Cooperative in writing.

Signature of authorized bank account holder:

_____ Date: _____

If you have any questions, please call one of our customer service representatives at 703-335-0500 or toll-free at 1-888-335-0500. You can also email customer service at customerservice@novec.com.

Return the completed form along with a voided check or deposit slip by one of the following methods:

Fax:

703-392-1740

Mail:

NOVEC e-Check Program

P.O. Box 2710

Manassas, VA 20108-0875

In Person:

Manassas

10323 Lomond Drive

Manassas, VA 20108-3173

Lobby Hours: 8:15 a.m.-5 p.m.

Payment drop box available

Gainesville

5399 Wellington Branch Drive

Gainesville, Virginia 20155-1616

Payment drop box available