



## Automatic Bill Payment Enrollment Form

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CLOVERLAND ELECTRIC COOPERATIVE ACCOUNT NUMBER: \_\_\_\_\_

### OPTION 1: AUTOMATIC CHECKING OR SAVINGS ACCOUNT PAYMENT

FINANCIAL INSTITUTION: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

**Please deduct my bill payment each month from my savings/checking account.**

**SELECT** CHECKING ACCOUNT NUMBER: \_\_\_\_\_ **Please include a voided check if possible.**

**ONE**

SAVINGS ACCOUNT NUMBER: \_\_\_\_\_

### OPTION 2: AUTOMATIC CREDIT CARD PAYMENT

**Please charge my bill payment to my credit card each month.**

**CIRCLE TYPE OF CARD:**    VISA            MASTER CARD            DISCOVER            AMERICAN EXPRESS

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Under this plan, you will continue to receive a monthly statement showing your kilowatt usage and the amount due. Automatic payments are processed on or near the due date. Please allow 30 days for processing of this enrollment form. Your enrollment in this service will be active when the statement "DRAFTED ON" (savings/checking payments) or "CHARGED ON" (credit card payments) is printed on your electric bill.

I hereby authorize Cloverland Electric Cooperative to process my utility payment(s) based on the option I have selected. I will notify Cloverland Electric Cooperative if my account information changes or if I decide at any time to discontinue this service.

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_