



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:** _____