

## **Automatic Bill Payment Form**

## **Authorization Agreement**

Automatic Bill Payment service is offered at no additional cost for members of Pella Cooperative Electric. The service provides monthly electronic transfer payments that save members the trouble of writing checks to pay their bill and postage costs.

I hereby authorize Pella Cooperative Electric to initiate variable debit entries to my account at the financial institution named below for payment of my monthly electric bill. I will continue to receive a monthly bill. The bill will state in the bottom right-hand corner "Bank Draft DO NOT PAY". The amount of my bill will be deducted from my account on the 1st of the month. (if that day should fall on a weekend or holiday, the deduction will be processed on the following business day.)

It is also understood that I agree to be bound by the operating rules and guidelines of the National Automated Clearing House Association and shall have rights set forth here with respect to all entries initiated by Pella Cooperative Electric pursuant to this agreement.

It is understood that this agreement may be terminated by me (or either of us) by written or verbal notice to Pella Cooperative Electric. This notice must be received by the 20<sup>th</sup> of the month to prevent a bank draft that month.

Bank Account Information	
Name of Financial Institution:	
Routing Number:	_ Account Number:
Checking Savings	
Signature	
Authorized Signature (Primary):	Date:
Authorized Signature (Joint):	Date:
Electric Account Information	
Electric Account Number(s):	
Name (as it appears on electric bill)	

Complete this form and mail along with your **voided check**.

Mail to: Pella Cooperative Electric

PO Box 106

Pella, Iowa 50219

--- Staple voided check here ---

This institution is an equal opportunity provider and employer.