

Automatic Payment Form

no obligation to transact business electronically.

Sign up to have your monthly statement automatically withdrawn from your bank account or charged to your credit card.

Name					
Address	City		State	Zip	Phone
Pella Cooperative Electric Account Num	iber				
	wal from your bank account or information and sign the agre		redit car	rd.	
Yes! Sign me up for auto	omatic withdrawal from my	y bank account	•		
Bank Name	Bai	Bank Address			
City	State	Zip		Phone	
Bank Routing Number	Your Bank Acco	ount Number			
Credit Card Number		Expiration Date Called PCE to effect payment for goods and services rendered at:			
Service Address					
by initiating debit entries to my account CARD. These debit entries are to be in BANK or CARD to accept any debit entri thereof. It is understood that the debit e 20 days before the transfer takes place. may be terminated by me at any time up notification to the PCE shall be effective understood that I agree to be bound by forth herein with respect to all entries in	itiated by PCE monthly as such amour ies initiated by PCE to such account a intry sent to the BANK or CARD may r The transfer will take place on the da to three business days before the scl only with respect to entries debited to the Operating Rules and Guidelines of	nts become due witho and to debit the same not exceed the amoun ate shown as the "due heduled due date of to or my account by BAN f the National Automa	but any fur to such ac nt printed o date" on ransfer by K or CARE	ther authorization f ccount without resp on the memo bill, w the memo bill. It is oral or written noti O after receipt of su	rom me. I authorize and request consibility for the correctness which will be mailed approximately s understood that this agreement ice to the PCE. Any such uch notification. It is also
Signature		Date			
Signature		Date			
By using the electronic signature with electronic documents and					

Confidential Information

Pella Cooperative Electric is *your* Touchstone Energy Cooperative. An Equal Opportunity Provider.