

Codington-Clark Electric Cooperative Inc.
P.O. Box 880 / Watertown, SD 57201-0880
Authorization for Automatic Payment

Please enroll me in the Automatic Payment Plan.

Name (as it appears on your bill): _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Codington-Clark Electric Account No.: _____

Please designate bank or credit union you want to use to pay your monthly electric bill. (Include branch, if applicable.)

Bank: _____ City & State: _____

Bank Routing Number: _____ Bank Account Number: _____

Payment is deducted from your bank account on the date indicated on your billing statement. Please indicate the date (on or after) you want Auto Pay Plan to start: _____ / _____ / _____.

ATTACH A VOIDED CHECK BELOW

Please Read and Sign

I authorize Codington-Clark Electric Cooperative Inc. and the financial institution named above to initiate entries to my checking / savings account. I agree that each payment from my account shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority will remain in effect until I notify Codington-Clark Electric Cooperative in writing to cancel in such time as to afford the financial institution a reasonable opportunity to act. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

I have read and agree to the terms of the Automatic Payment Plan.

Signature: _____ **Date:** _____ / _____ / _____

ATTACH A VOIDED CHECK HERE