



Auto Pay Sign Up Sheet

I authorize North Itasca Electric Cooperative and the bank listed below to initiate variable entries to my checking or savings account or my credit card.

This authorization remains in effect until I notify North Itasca Electric Cooperative in writing to cancel it in such time as to allow North Itasca Electric Cooperative to act on it.

ELECTRIC ACCOUNT # _____

NAME (PRINT) _____

ADDRESS _____

TELEPHONE # _____

NAME OF FINANCIAL INSTITUTION _____

CHECKING ACCOUNT # _____

ROUTING # _____

SAVINGS ACCOUNT # _____

(Please attach a blank, voided check)

TYPE OF CARD (PLEASE CIRCLE)

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

CARD # _____ EXPIRATION DATE _____

Payments will be processed on the 25th of each month. If the 25th falls on a weekend or holiday, it will be the next business day.

I would like to be signed up for paperless billing: yes / no (circle one)

If yes, email address _____

SIGN HERE TO AUTHORIZE _____ **DATE** _____

(SIGNATURE NEEDED FOR CHECKING AND SAVINGS ACCOUNT OR CREDIT CARD TRANSACTIONS)

Please return this form with a blank, voided check to:

**North Itasca Electric Cooperative, Inc.
PO Box 227, Bigfork, MN 56628**

“This institution is an equal opportunity provider, and employer.”