



Price Electric Cooperative

A Touchstone Energy® Cooperative
The power of human connections®

AUTOMATIC PAYMENT PLAN AUTHORIZATION

Electric Account Number: _____

Name on Electric Account: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

To initiate automatic payments, I _____
(Name of Price Electric Account Holder)

authorize Price Electric Cooperative to instruct my bank to make my monthly electric utility payments from the checking account listed below.

Checking / Savings Account Authorization

Name of Financial Institution: _____

Telephone number for Financial Institution: _____

Bank Routing Number: _____ Bank Account Number: _____

IMPORTANT: PLEASE ATTACH A VOIDED CHECK FOR BANK RECORD VERIFICATION.

In accordance with payment card industry standards and to provide maximum protection of member credit card information, Price Electric Cooperative does not accept written credit card authorizations. If you would like to sign up for auto pay using your debit or credit card, please visit www.price-electric.com.

Price Electric Cooperative has the right to cancel my use of the automatic payment plan. I understand that I am in full control of Price Electric Cooperative's automatic payment processing. If at any time I decide to discontinue the automatic payment service, I will notify Price Electric Cooperative in writing. I also understand this information will be used only for the purpose of the automatic payment service.

Signature

Date

715.339.2155
1.800.884.0881

W6803 Springs Drive • PO Box 110
Phillips, WI 54555

www.price-electric.com