

# AUTOMATIC BILL PAYMENT PLAN ENROLLMENT FORM

Enjoy the easy, reliable, and secure way of using Clarke Electric's Automatic Payment Plan (ACH). Having your payment deducted automatically from your checking/savings account or a credit/debit card can save you time and money. There are no checks, stamps, trips, or lost mail. This service is FREE to our members.

*Your Authorization Gives You:*

- **Advance Notice of Payment**  
About 18 days before your account is charged, you will receive an electric bill. If you have questions regarding your bill, call the cooperative office at (641) 342-2173 or 800-362-2154.
- **Proof of Payment**  
The amount deducted for payment will be shown on your monthly bank statement.
- **Reliable & Consistence Service**  
You will not have to worry about paying your bill when you are away from home or on vacation.

## AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

Clarke Electric Cooperative, Inc.  
1103 N. Main, PO Box 161  
Osceola, IA 50213  
641-342-2173

I (we) hereby authorize CLARKE ELECTRIC COOPERATIVE to initiate debit entries (charges) to my (our) [ ] checking or [ ] savings accounts and/or credit card account as indicated below and the DEPOSITORY FINANCIAL INSTITUTION named below, to charge the same such account. The initial authorization is for a variable amount to be charged to my account on or after the 28<sup>th</sup> day of each month for the monthly electric bill presented by Clarke Electric Cooperative.

**To pay by recurring Check/Saving Account, please complete the information below:**

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Transit/ABA No. \_\_\_\_\_ Bank Account No. \_\_\_\_\_  
*(Please include a voided check with this form)*

**To pay by recurring Credit/Debit Card, please complete the information below:**

Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Card Number \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

This authority is to remain in full force and effect until Clarke Electric Cooperative has received written notification from me (or either of us) of its termination in such time and in such manner as to afford financial institution a reasonable opportunity to act on it. A customer has the right to stop payment of a charge by timely notification to the institution prior to charging the account. The Customer may rescind any charge within 15 days after notice of posting has been sent to the Customer.

(Please Print)

Name(s) \_\_\_\_\_ Clarke Electric's Account Number (if known) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
(Signature) (Spouse)