



Agralite Electric Cooperative

Automatic Payment Form

Name (Please Print) _____

Address _____

Agralite Account No.(s) _____

SSN _____ Phone _____

For automatic withdrawal from your checking account:

Financial Institution: _____
Name City State Zip

Checking Account No. _____

Please include a voided check with your application

For automatic withdrawal from a debit/credit card:

_____ Visa _____ MasterCard _____ Discover

Card No. _____ Expiration Date ____ / ____

I authorize Agralite Electric Cooperative and the Financial Institution named above to initiate variable entries to my account. This authority will remain in effect until Agralite receives written notification from me.

Signature _____ Date _____