



Agralite Electric Cooperative

Automatic Payment Form

Name (Please Print) _____

Address _____

Agralite Account No.(s) _____

Phone _____

Choose ONE – automatic withdrawal from your checking account or from a debit/credit card.

For automatic withdrawal from your checking account (please include a voided check with your application):

Financial Institution: _____
Name City State Zip

Routing No. _____

Checking Account No. _____
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**OR, for automatic withdrawal from a debit/credit card:**

\_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ 3 Digit Code on Back \_\_\_\_\_

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 \_\_\_\_\_