



AUTOMATIC PAYMENT PLAN



PAY ON TIME. EVERY TIME.

With our Automatic Payment Plan, your payment will be automatically withdrawn from your designated checking account each month on or around the 20th.

To sign up for Automatic Payment, complete the authorization form on the reverse side and return to our office.

Receive a \$10 bill credit for signing up!



Agralite Electric Cooperative

We're member-owned!

320 US-12, Benson, MN

(320) 843-4150 or 1-800-950-8375

www.agralite.coop



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SIGN ME UP

FOR AUTOMATIC PAYMENTS

Name(s) As Shown On Your Electric Bill

Agralite Account Number _____

Address _____

City/State/Zip _____

To Sign Up For Agralite's Automatic Payment Plan:

- 1 Complete this form including your Agralite Account Number(s).
- 2 Include a blank, voided check.
- 3 Your signature will authorize Agralite to automatically withdraw funds to pay your bill.
- 4 Mail these items to Agralite, PO Box 228, Benson, MN 56215.

A message will print on the front of your bill indicating
Do Not Pay - Automatic Withdrawal on <date>.

Checking Or Savings Account Information:

Names(s) On Checking Account _____

Name Of Financial Institution _____

Branch Office _____

Address _____

City/State/Zip _____

Bank Routing Number _____

Bank Account Number *(Attach Voided Check)*

By signing below, I understand how the Agralite Automatic Payment Plan works and would like Agralite to begin electronic withdrawals from my account at the financial institution I have named in my application for electronic payments. In addition to authorizing Agralite, I authorize my named financial institution to charge those withdrawals from my account. Both Agralite and my financial institution have the right to cancel my use of electronic payments and this agreement will remain in effect until I give my intent to withdraw in writing to Agralite. This authorization will be in effect until written notice is given to Agralite, a minimum of ten days notice is required to discontinue my participation in the automatic payment program.

Signature(s) Of Member/Joint Member On Electric Account

Phone Number(s)

Date