



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 _____

authorize Price Electric Cooperative to instruct my bank to make the monthly electric utility payments.

Checking / Savings Account Authorization

IMPORTANT:

PLEASE ATTACH A VOIDED CHECK OR LETTER FROM YOUR FINANCIAL INSTITUTION WITH ROUTING AND ACCOUNT NUMBER

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.PriceElectric.coop.

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 _____