Energy*Pay* Plus Automatic Payment Plan

Name _____ SWCE Account # _____

(please print as it appears on SWCE statement) (use a separate form for each account)

Home Phone # ( ) _____ Work Phone # ( ) _____

Cell Phone # ( ) _____ Social Security Number _____

Name and phone # of Financial Institution _____

Address _____ City _____ State _____ Zip _____

Financial Institution Routing Number _____

*** **(attach voided check)** *** (Between symbols : : on the bottom of your check)

Financial Institution (checking ___or saving ___) Account Number: _____

I authorize Steele-Waseca Cooperative Electric and the financial institution named above to initiate entries to my checking or savings account on the 5th day of each month (if the 5th is on a weekend or a holiday, the transfer will be made the next business day). This authority will remain in effect until I notify Steele-Waseca in writing. Cancellation must be made in such time as to afford the financial institution reasonable opportunity to act on it. I may stop payment of any entry by notifying my financial institution six (6) days before my account is charged.

Signature _____ Date _____