

# EnergyPay 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 \_\_\_\_\_

Date of Birth \_\_\_\_\_

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 savings \_\_\_ ) 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 \_\_\_\_\_