

# Western Iowa Power Cooperative – Automatic Bill Payment Form

## Authorization Agreement for Direct Payments (debits) or Credit Card Payments Don't pay extra, and pay on time! Save time and money on postage and checks!

**LET US HELP YOU!** Simply fill out and sign this form (choose one of the two payment options below), and mail it to: Western Iowa Power Cooperative, PO Box 428, Denison IA 51442. *If you want to use the Draft from your bank account, please attach a voided check to this form.*

I authorize Western Iowa Power Cooperative, to initiate withdrawals and to initiate, if necessary debit entries and adjustments for any credit entries in error to my account at the financial institution named below for payment of my monthly bills:

### DRAFT FROM YOUR BANK ACCOUNT:

FINANCIAL INSTITUTION: \_\_\_\_\_

BANK TRANSIT / ABA NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK ACCOUNT NO. \_\_\_\_\_

Please choose personal or business bank account:

Checking  Savings

Personal  Business

**AUTO PAY BY DEBIT OR CREDIT CARD:** I authorize Western Iowa Power Cooperative to use the credit card name and number listed below for payment of my monthly electric bills:

Please circle Credit Card Type: VISA    MASTERCARD    DISCOVER

16 Digit Credit/Debit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**This authorization will remain in effect until Western Iowa Power Cooperative has received written notification from me of its termination or the date the card has expired at which time Western Iowa Power Cooperative will notify me that a new agreement needs to be signed. If you have more than one WIPCO billing account, please indicate which accounts you want to enroll:**

### Account

Number(s): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payments will be taken out around the 24<sup>th</sup> each month. If the 24<sup>th</sup> falls on a Saturday, payment will be taken out on the 23<sup>rd</sup> and if on a Sunday, payment will be taken out on the 25<sup>th</sup>. I understand that three or more payments in a 12-month period resulting in overdraft of my account may result in termination of the Direct Payment Plan. This authorization will remain in effect until Western Iowa Power Cooperative has received written notification from me of its termination at such time and manner as to afford Western Iowa Power Cooperative and my financial institution a reasonable time to act on it.**