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 □ Personal	0
AUTO PAY BY DEBIT OR CREDIT CARD: I authorize card name and number listed below for payment of my mo		r Cooperative to use the credit
Please circle Credit Card Type: VISA MASTERCAR	D DISCOVER	
16 Digit Credit/Debit Card #:	Expiration Date:	
This authorization will remain in effect until Western Iowa from me of its termination or the date the card has expired a notify me that a new agreement needs to be signed. If you h indicate which accounts you want to enroll:	at which time Western	Iowa Power Cooperative will
Account Number(s):		
Printed Name:	Signature:	
Payments will be taken out around the 24 th each month. If t on the 23 rd and if on a Sunday, payment will be taken out on a 12-month period resulting in overdraft of my account may This authorization will remain in effect until Western Iowa from me of its termination at such time and manner as to af	the 25 th . I understand result in termination of Power Cooperative has	that three or more payments in of the Direct Payment Plan. received written notification

financial institution a reasonable time to act on it.