

Codington-Clark Electric Cooperative Inc.  
P.O. Box 880 / Watertown, SD 57201-0880  
**Authorization for Automatic Payment**

*Please enroll me in the Automatic Payment Plan.*

Name (as it appears on your bill): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Codington-Clark Electric Account No.: \_\_\_\_\_

Please designate bank or credit union you want to use to pay your monthly electric bill. (Include branch, if applicable.)

Bank: \_\_\_\_\_ City & State: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Payment is deducted from your bank account on the date indicated on your billing statement. Please indicate the date (on or after) you want Auto Pay Plan to start: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

**ATTACH A VOIDED CHECK BELOW**

*Please Read and Sign*

I authorize Codington-Clark Electric Cooperative Inc. and the financial institution named above to initiate entries to my checking / savings account. I agree that each payment from my account shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority will remain in effect until I notify Codington-Clark Electric Cooperative in writing to cancel in such time as to afford the financial institution a reasonable opportunity to act. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

I have read and agree to the terms of the Automatic Payment Plan.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE**