

CHIPPEWA VALLEY ELECTRIC COOPERATIVE
Cornell, Wisconsin 54732

AUTHORIZATION FORM

I want to participate in the Automatic Payment plan.

Names(s) shown on CVEC Bill _____

CVEC Account Number _____

Billing Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Your Financial Institution _____

City _____ State _____ Zip _____

If your payment is to be deducted from a checking account, enclose a blank check. Write VOID across it and DO NOT SIGN IT!!

If your payment is to be deducted from a savings account, enclose a deposit slip that includes your account number.

CVEC has the right to cancel my use of the Automatic Payment Plan. It is CVEC's policy to cancel the use of the Automatic Payment Plan if two NSF payments occur. I will write to CVEC if I decide to cancel my use of the Automatic Payment Plan.

Account holder(s) _____

Signature(s) _____

Date _____

Note: If the account is in two names, both account holders must sign above. Mail this form to Chippewa Valley Electric Cooperative, P.O. Box 575, Cornell, WI 54732