



Chippewa Valley Electric Cooperative • 317 South 8<sup>th</sup> Street • P.O. Box 575 • Cornell, WI 54732  
715.239.6800 • www.cvecoop.com • Fax: 715.239.4290

**AUTOMATIC PAYMENT AUTHORIZATION FORM**

I want to participate in the Automatic Payment plan via my checking or savings account.

Names(s) shown on CVEC Bill \_\_\_\_\_

CVEC Account Number \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please allow one month for the set-up of the Automatic Payment Plan. Your bill will note that you are set up for automatic deduction.

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 \_\_\_\_\_

Return this form to: Chippewa Valley Electric Cooperative  
P.O. Box 575  
Cornell, WI 54732

*CVEC is an equal opportunity provider and employer.*