

# AUTHORIZATION FOR E-Z PAY PAYMENT PLAN

Please complete and return this form to:

South Central Electric Association  
P.O. Box 150  
St. James, Minnesota

I authorize South Central Electric Association to debit my account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify South Central Electric Association in writing 7 days prior to the payment being taken. I understand that the amount withdrawn will fluctuate monthly depending on my usage. We agree to be bound by the Nacha Operating Rules and US law.

## Customer Information

Name (as shown on bill) \_\_\_\_\_

South Central Electric Account Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Financial Institution Information

Financial Institution Name \_\_\_\_\_

Type of Account      \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Type of Account      \_\_\_\_\_ Personal      \_\_\_\_\_ Business

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

Financial Institution Routing Number \_\_\_\_\_

**Please enclose a voided check so that we can record the correct financial institution information. NO deposit slips please.**