

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Direct Payment Via ACH is the transfer of funds for the purpose of making a payment.

Please complete and return this form to:

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

Check one: Begin Payment Change Information

I (we) authorize South Central Electric Association to electronically debit my (our) account once a month, on a recurring basis, on the date that my bill is due for the amount which will fluctuate monthly depending on my usage, out of my (our) account as follows:

Checking Account / Savings Account (select one) at the depository Financial Institution named below (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Financial Institution name: _____

Business / Personal

Routing number: _____

Account number: _____

Name(s) on the account: _____

Customer Information

Name (as shown on bill): _____

South Central Electric Account Number(s): _____

Phone Number: _____

Service Address: _____

City: _____ State: _____ ZipCode: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify South Central Electric with a letter, email or phone call, that I (we) wish to revoke this authorization. I (we) understand that South Central Electric requires at least 7 days prior notice in order to cancel this authorization.

Date: _____ **Signature(s):** _____

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