

Authorization for Direct Payment

I authorize Wild Rice Electric Cooperative, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

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Name of Financial Institution

Branch

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City

State

Zip Code

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Name on Account

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Address

City

State

Zip Code

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Signature

Date

	Checking Savings
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Bank Account Number

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Financial Institution Routing Number

<p style="margin: 0;">WILD RICE ELECTRIC Billing Account Number(s) 1. _____ 2. _____ 3. _____ 4. _____ If you have more than one account please list each account you wish to have paid by Direct Payment.</p>

Please attach a voided check to this form. <u>Do Not</u> use deposit slips.

Retain For Your Records

On _____, I authorized Wild Rice Electric Cooperative, Inc., PO Box 438, Mahnomen, MN, 56557, to initiate electronic entries to my checking/savings account on or about the third of each month and have agreed to the terms listed on the authorization. If the third should land on a weekend or holiday the electronic entry will be made the preceding business day. I may revoke my authorization with the company at any time by writing to the address above.