

**AUTHORIZATION FOR AUTOMATIC PAYMENT**

**To have your bill deducted automatically from your checking account print this form. Complete and sign the form and return it with a blank check marked "VOID" to: Oconto Electric Cooperative, PO Box 168, Oconto Falls WI 54154**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ OEC Acct Number \_\_\_\_\_

I authorize Oconto Electric Cooperative to draw monthly bank drafts on the checking account shown on the attached check marked "VOID" for the payment of my monthly bill. This authorization will remain in effect until revoked by above named party, financial institution, or Oconto Electric Cooperative. I understand that I may cancel the Automatic Payment Plan by notifying Oconto Electric Cooperative in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Be sure to include a check marked "VOID".**