

## **Automatic Payment Authorization**

## **HOW TO SIGN UP:**

- Complete and return this form by either mail or email.
  - Mail to: Capital Electric Cooperative, PO Box 730, Bismarck ND 58502 or email to: css@capitalelec.com
- The Automatic Payment will be added onto the account as soon as the form is received, but may take up to four (4) weeks.
- The selected method of payment will be drafted for the amount due and will occur on the due date each month.
- Contact our office at (701) 223-1513 with any questions.

Applicant Signature:

- If you move addresses within the Capital Electric territory, this automatic payment will transfer on to your new service unless the cooperative is notified otherwise.
- If your selected method of payment is declined or returned two months in a row, the account will be removed from Automatic Payment.

Capital Electric Account Name:	
Service Address:	
Primary Phone:	Secondary Phone:
Email Address:	
BANK AUTHORIZATION - OR -	CREDIT / DEBIT CARD AUTHORIZATION
Checking (enclose a voided check)	Cardholder's Name (as shown on card)
Savings (enclose a deposit slip)	Cardholder's FULL Mailing Address (if different from service address)
Name of Financial Institution	Card # (MM/YYYY) CVV Code
Voided check or deposit slip required	We Accept VISA Mastercard DISCOVER EXPRESS
I authorize Capital Electric Cooperative, Inc. to automatically charge paym payment described above. This authorization is in effect until revoked by	PAYMENT AUTHORIZATION  ent of my Capital Electric account balance on the due date each month, using the method of me; however, I understand that both the financial / credit card institution and / or Capital reement at any time. This is a FREE service offered by Capital Electric Cooperative.

OFFICE USE ONLY effective: \_\_\_\_\_