



Automatic Payment Authorization

HOW TO SIGN UP:

- Complete and return this form
- Mail to: Capital Electric Cooperative, PO Box 730, Bismarck ND 58502 or email to: css@capitalelec.com
- **Choose only one payment method (bank or card)**
- Automatic payments will typically begin with the next billing statement, but may take up to four (4) weeks
- Contact our office at (701) 223-1513 with any questions

Account Number(s): _____

Account Name: _____

Service Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

BANK AUTHORIZATION

- OR -

CREDIT / DEBIT CARD AUTHORIZATION

Checking (enclose a voided check)

Savings (enclose a deposit slip)

Name of Financial Institution

Cardholder's Name (as shown on card)

Cardholder's FULL Mailing Address (if different from service address)

Card # _____

Exp. Date _____ / _____ (CVV code not required)

Voided check or deposit slip required

We Accept



AUTOMATIC PAYMENT AUTHORIZATION

I authorize Capital Electric Cooperative, Inc. to automatically charge payment of my Capital Electric account balance on the due date each month, using the method of payment described above. This authorization is in effect until revoked by me; however, I understand that both the financial / credit card institution and / or Capital Electric Cooperative, Inc. reserve the right to terminate this agreement at any time. This is a FREE service offered by Capital Electric Cooperative.

Please allow up to four (4) weeks for processing.

Applicant Signature: _____

Date: _____

OFFICE USE ONLY effective: _____