

AUTOPAY FORM

HOW TO SIGN UP

1. Fill out the authorization form below. Print your name, address and CCEC account number as it appears on your bill.
2. Send the completed authorization form in with your electric payment.
3. Continue paying your bill as usual until your statement indicates that the Automatic Payment Plan has taken effect (this takes about one month)
4. Attach a voided check to receive the \$10 credit.

AUTHORIZATION FOR AUTOMATIC PAYMENT

If you want to sign up for the Automatic Payment Plan, please fill out the following information about your checking account. You will also need to attach a cancelled or voided check from that account.

Your Name (Please Print) _____

Your CCEC Account Number _____

Email Address _____

Address _____

City _____

Home Phone Number _____

Daytime Phone Number _____

Financial Institution Name _____

Address _____

Routing Number _____ Account Number _____

Name(s) of all Bank Account Holders _____

Visa/Mastercard Option (\$10 Credit not applicable)

Account Number _____ Expiration Date _____

I authorize Cass County Electric Cooperative, Inc. (hereinafter called the Corporation) and my bank to debit my account identified above for all sums the Corporation may request the bank to charge. I agree that neither the Corporation nor the bank nor any other bank nor any clearinghouse shall have any responsibility for the correctness of any charges, and that any disputes involving the frequency or amount of the charge shall be handled directly with the Corporation. Should there be any amounts withdrawn from my account by the Corporation which is not due and owing to the Corporation, the Corporation's sole obligation shall be to restore the amounts, if any, wrongfully charged by the Corporation against my account. Under no circumstance shall the Corporation or any bank be responsible for any consequential or special damages resulting from any such wrongful withdrawal from my account, including without limitation, any claim for wrongful dishonor of other obligation drawn on my account. This authority is to remain in full force and effect until after you have received written notification from me of its termination.

Signature of Account Holder _____

Signature of Co-account Holder (joint account) _____

If the account listed above is a joint account, then you need to have signatures of all account holders before the automatic payment plan can be processed.

**Attach voided or cancelled
check here please.**