

PRAIRIE ENERGY COOPERATIVE AUTOMATIC BILL PAYMENT AUTHORIZATION

To sign up for Automatic Bill Payments:

- Complete the following information
- Sign the authorization form
- Attach a blank check with the word VOID written across the face of the Check or a deposit slip and return The authorization form.

Mail to:

Prairie Energy
600 West 3rd St
Garner, Iowa 50438

or

Prairie Energy
PO Box 353
Clarion, Iowa 50525

You will receive your statement marked ****BANK DRAFT – DO NOT PAY****. Two working days before the due date of each month (or next banking day), we notify your bank or financial institution of the amount to be transferred from your account to pay your electric bill. Your bank deducts that amount from your account no sooner than the due date (or next banking day).

I (we) hereby authorize Prairie Energy Cooperative, to initiate debit entries to my (our) CHECKING _____ SAVINGS _____ account (select one) in the financial institution (BANK) named below. I (we) further authorize the BANK to debit such entries to my (our) account.

ACCOUNT NUMBER _____

DEPOSITORY (BANK)

NAME _____ BRANCH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK TELEPHONE NUMER _____

It is understood that this agreement may be terminated by me (either of us) at any time up to five business days before the due date of the current month billing by oral or written notice to Prairie Energy Cooperative. Any such notification to Prairie Energy Cooperative shall be effective only with respect to entries initiated after receipt of such notification.

It is also understood that I (we) agree to be bound by the Operating Rules and guidelines of the National Automated Clearing House Association and shall have the rights set forth here with respect to all entries initiated by Prairie Energy Cooperative pursuant to this agreement.

Depositors Signature

Date

Depositors Signature (if 2 are required)

Date

Prairie Energy Cooperative use only

Transit / ABA No. _____

Account No. _____

Account No. _____