

PRAIRIE ENERGY COOPERATIVE

AUTOMATIC BILL PAYMENT AUTHORIZATION

*****Signature(s) are required at bottom of page*****

BY CHECKING OR SAVINGS ACCOUNT

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 and return the form.

Mail to:

Prairie Energy or Prairie Energy
PO Box 353 600 West 3rd St
Clarion, IA 50525 Garner, IA 50438
515-532-2805 641-923-2654
1-800-728-0013 1-888-225-8707

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.

CHECKING OR SAVINGS ACCOUNT NUMBER _____

BANK ROUTING NUMBER (9 digit number in bottom right-hand corner of check) _____

BANK NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE NUMBER _____

BY CREDIT / DEBIT CARD

CREDIT OR DEBIT CARD ACCOUNT NUMBER _____

VISA _____ OR MASTER CARD _____ EXPIRATION DATE (month/year) _____

NAME AS PRINTED ON CREDIT OR DEBIT CARD _____

You will receive your statement marked CREDIT CARD – DO NOT PAY. Your transaction will be processed on the due date of your bill or next banking day.

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.

***Signature

Date

***Signature (if 2 required)

Date