

Automatic Payment Plan

You authorize a regularly scheduled payment be made from your checking or savings account. Your payment will be electronically transferred to Brown County Rural Electric on the 20th of each month. If the 20th falls on a weekend or holiday, the transfer will be made the following business day. Proof of your payment will appear on your bank statement. For your records, you will continue to receive a monthly statement from Brown County Rural Electric. Instead of an amount due on the stub, it will indicate that the bill will be paid by ACH. This arrangement will remain in effect until you terminate the authorization.

Please <u>complete</u> the form below and e-mail to <u>bcrea@bcrea.coop</u>.

If you prefer to print the form and send it via mail please <u>complete</u>, attach a <u>voided</u> check and send to:

Brown County REA PO Box 529 Sleepy Eye MN 56085-0529

| | AU [.] | ΤΟΜΑΤΙϹ ΡΑΥ | MENT PLAN AUTHORIZAT | ION | |
|-----------------------------|---|------------------|--|-----|--|
| Name | 9: | | | | |
| | | | | | |
| Daytiı | me Phone Numb | er: | | | |
| Brown | n County REA Lo | ocation Number | r: | | |
| Browi | n County REA A | ccount Number | | | |
| furthe | r notice. I unders | stand that my ve | ally taken out of my checking/ oided check or my financial in account has been set-up. | • | |
| Signature | | | Date | | |
| Authorization Effective on: | | Ву: | Authorization Terminated on: | By: | |
| | By submitting this form to the Brown County Rural Electrical Association, you are agreeing that your electronic signature has the same legal validity and effect as your handwritten signature on the document, and that is have the same meaning as your handwritten signature. Please check the box to agree. | | | | |
| Name | on Bank Accou | nt: | | | |
| Finan | cial Institution Na | ame: | | | |
| Finan | cial Institution Ro | outing Number: | : | | |
| Finan | cial Institution Ac | ccount Number | : | | |
| | | Checking | Savings | | |