

## 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 20<sup>th</sup> of each month. If the 20<sup>th</sup> 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 <sup>.</sup>	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		