

**Authorization for Automatic Payment**

I authorize Minnesota Valley Cooperative Light & Power Association and the financial institution name below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

\_\_\_\_\_  
(Name of Financial Institution) (Branch)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name-Please Print)

\_\_\_\_\_  
(Address-Please Print)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

**Retain for your Records**

On \_\_\_\_\_ I authorized  
(Date)

\_\_\_\_\_  
(Company Name & Dept)

\_\_\_\_\_  
(Address)

Phone \_\_\_\_\_

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount: \$ \_\_\_\_\_ (if payment amount changes we will notify you at least 10

Regular payment date: 27<sup>th</sup> of the month least 10 days before the regularly scheduled payment date)