

Payment Guarantee Form

RE: _____ Date: _____

I, being the _____ of _____
(relationship) (consumer)

Guarantee payments for one year to the Minnesota Valley Cooperative Light and Power Association for the above account.

Date: _____ X _____
Guarantor Signature

Date: _____ X _____
Consumer Signature

Return to:
Minnesota Valley Cooperative
Light and Power Association
PO Box 248
Montevideo, MN 56265