

Automatic Bill Payment

Automatic Bill Payment is now available at Midland Power Cooperative. It's an electronic funds transfer payment that saves you the trouble of writing the check to pay your bill and the postage to mail it. Once you are signed up, you will receive your bill card(s) marked "DO NOT PAY." Two working days before the 25th 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 on the 25th (or next banking day.)

To sign up for AUTOMATIC BILL PAYMENT:

- 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 it with this authorization form.

Mail to:

MIDLAND POWER COOPERATIVE

P.O. Box 420

Jefferson, IA 50129

Midland Power Cooperative Automatic Bill Payment Authorization

I (we) hereby authorize MIDLAND POWER COOPERATIVE, ("MIDLAND"), to initiate debit entries to my (our) CHECKING _____, SAVINGS _____ account (select one) in the financial institution (BANK) named below I (we) further authorize BANK to debit such entries to my (our) account.

BANK ACCOUNT NO. _____

DEPOSITORY (BANK)

NAME _____ BRANCH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BANK TELEPHONE NUMBER _____

It is understood that this agreement may be terminated by me (either of us) at any time up to three business days before the 25th of the month by oral or written notice to MIDLAND. Any such notification to MIDLAND 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 MIDLAND pursuant to this agreement.

Depositor's Name (Please Print)

Address

Depositor's Signature

City, State, Zip

Depositor's Signature (if two are required)

Date

Phone

IMPORTANT: Please list below all electric accounts you want paid with "Auto-Pay"

ACCOUNT NO. _____

ACCOUNT NO. _____

ACCOUNT NO. _____

ACCOUNT NO. _____

ACCOUNT NO. _____

ACCOUNT NO. _____