

# Direct Payment Enrollment Authorization Form



## • Direct Pay Checking:

I authorize Allamakee-Clayton Electric Cooperative to deduct my monthly bill(s) from my checking account listed below on a recurring, monthly basis. It is understood that my payment will be processed within 3 business days prior to the due date on my monthly statement and may not exceed the net amount due.

## • Direct Pay Credit Card:

I authorize Allamakee-Clayton Electric Cooperative to charge my credit card account, as identified below, for the amount of my bill(s) on a recurring, monthly basis. It is understood that my payment will be processed within 3 business days prior to the due date on my monthly statement and may not exceed the net amount due.

It is further understood that this authority given on this authorization is to remain in effect until revoked by me in writing. I understand that both Allamakee-Clayton Electric Cooperative and my financial institution reserve the right to terminate this payment plan or my participation therein at any time.

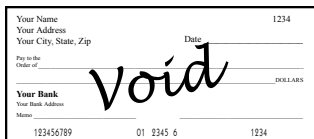
### Indicate your Direct Payment Plan choice by checking one box:

**CHECKING**

Complete the following for checking:

Bank Name \_\_\_\_\_

Please enclose a VOIDED CHECK for the account from which you want payment to be deducted.



**CREDIT CARD**

Complete the following for credit card:

Select Card Type \_\_\_ VISA \_\_\_ Discover \_\_\_ MasterCard

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

(Please list your 16-digit credit card number)

Exp. Date \_\_\_\_ / \_\_\_\_ 3-digit Security Code \_\_\_\_

Month Year

### Complete the following:

BILLING NUMBER(S) \_\_\_\_\_  
(Please list ALL billing numbers you wish to enroll in the Direct Payment Program)

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send completed form to:** Allamakee-Clayton Electric Cooperative  
PO Box 715  
Postville, IA 52162-0715

Please call 1.888.788.1551 if you have questions.

#### OFFICE USE ONLY:

Deposit removed from account(s)  Not Applicable

By \_\_\_\_\_ Date \_\_\_\_\_

Bank draft added to account(s)

By \_\_\_\_\_ Date \_\_\_\_\_