



FORM 311B

Date: _____

Account #: _____

AUTOPAY AUTHORIZATION

By signing below, I authorize Todd-Wadena Electric Cooperative and the financial institution named below to initiate entries to checking, savings, or credit/debit card account. This authority will remain in effect until I notify the Cooperative of cancellation.

Name of Member: _____ Contact Number: _____

Address: _____

City/State/Zip: _____

Choose one of the following:

___ Checking: Financial Institution: _____

Routing # _____ Account#: _____

___ Savings: Financial Institution: _____

Routing # _____ Account#: _____

___ Credit/Debit Card # _____ Exp Date: _____ CVV Code: _____

Please select Card type: ___ VISA ___ Mastercard ___ Discover

I understand my account will be charged automatically on the bill's due date. Payments declined or rejected for any reason will be subject to additional charges. This authorization remains in effect until above named Member notifies the Cooperative to cancel participation or until disqualified by the Cooperative. I will contact the Cooperative to update changes to my account such as new expiration dates or accounts numbers. This form will be destroyed within 45 days of receipt.

Member Signature

Date