



**CAPITAL ELECTRIC COOPERATIVE, INC.**

**Automatic Payment Authorization**

**HOW TO SIGN UP:**

- Complete and return this form
- Mail to: Capital Electric Cooperative, PO Box 730, Bismarck ND 58502 or email to: [css@capitalelec.com](mailto:css@capitalelec.com)
- Automatic payments will typically begin with the next billing statement, but may take up to four (4) weeks
- The selected method of payment will be drafted for the amount due and will occur on the due date each month
- Contact our office at (701) 223-1513 with any questions
- **If you move addresses within the Capital Electric territory, this automatic payment will transfer on to your new service unless the cooperative is notified otherwise.**

Account Number(s): \_\_\_\_\_

Account Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**BANK AUTHORIZATION**

**- OR -**

**CREDIT / DEBIT CARD AUTHORIZATION**

Checking (enclose a voided check)

Savings (enclose a deposit slip)

\_\_\_\_\_  
Name of Financial Institution

**Voided check or deposit slip required**

\_\_\_\_\_  
Cardholder's Name (as shown on card)

\_\_\_\_\_  
Cardholder's FULL Mailing Address (if different from service address)

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ (CVV code not required)

We Accept



**AUTOMATIC PAYMENT AUTHORIZATION**

I authorize Capital Electric Cooperative, Inc. to automatically charge payment of my Capital Electric account balance on the due date each month, using the method of payment described above. This authorization is in effect until revoked by me; however, I understand that both the financial / credit card institution and / or Capital Electric Cooperative, Inc. reserve the right to terminate this agreement at any time. This is a FREE service offered by Capital Electric Cooperative.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY effective: \_\_\_\_\_