

AUTHORIZATION FOR E-Z PAY PAYMENT PLAN

Please complete and return this form to:

South Central Electric Association
P.O. Box 150
St. James, MN 56081

I authorize South Central Electric Association to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify South Central Electric Association in writing.

Customer Information

Name (as shown on bill) _____

South Central Electric Account Number _____

Phone Number _____

Service Address _____

City _____ State _____ Zip Code _____

Signature _____

Date _____

Financial Institution Information

Financial Institution Name _____

Type of Account _____ Checking _____ Savings

Account Number _____

Financial Institution Routing Number _____

Please enclose a voided check or withdrawal slip so that we can record the correct financial institution information