



PARK ELECTRIC COOPERATIVE AUTOMATIC PAYMENT PROGRAM

FREE ENROLLMENT: Simply mail, fax or deliver this completed form **along with a voided check** to our office.

ACCURATE: You will receive a monthly bill showing electricity usage, as well as the amount owed before the funds are withdrawn from your bank account.

REDUCED RATE: When you enroll in the auto-pay program your base rate is reduced by a \$1.50 a month.

FLEXIBLE: At any time you may end your enrollment in the Automatic Payment Program by simply contacting our office.

FREEDOM: The amount owed will be withdrawn automatically from your account on the due date shown on your statement. If the date occurs on a weekend or holiday, the withdrawal will occur the following business day.

MULTIPLE ACCOUNTS: If you have more than one residential or commercial account that is billed monthly and you want them paid through the auto-pay program, you must list all those account numbers on the form below. Auto-pay is not available for seasonal or irrigation accounts that are only billed one time per year.

AUTOMATIC PAYMENT AUTHORIZATION FORM

Name(s) on Park Electric Account: <input style="width: 95%;" type="text"/>		Park Electric Account Number: <input style="width: 80%;" type="text"/>	Date of automatic payment: 15th of each month
Second Account Number: <input style="width: 80%;" type="text"/>	Third Account Number: <input style="width: 80%;" type="text"/>	Fourth Account Number: <input style="width: 80%;" type="text"/>	Fifth Account Number: <input style="width: 80%;" type="text"/>
Mailing Address: <input style="width: 95%;" type="text"/>			Your Telephone Number: <input style="width: 80%;" type="text"/>
Name of Financial Institution (include branch if applicable): <input style="width: 95%;" type="text"/>			
Address of Financial Institution: <input style="width: 95%;" type="text"/>		Name(s) on Financial Institution Account (if different): <input style="width: 95%;" type="text"/>	
Financial Institution Account Number (also attach voided check): <input style="width: 95%;" type="text"/>		Financial Institution's Telephone Number: <input style="width: 80%;" type="text"/>	
Signature(s): <input style="width: 95%;" type="text"/>			Date: <input style="width: 80%;" type="text"/>

5706 U.S. Hwy 89 South, P.O. Box 1119, Livingston, MT 59047

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