

Authorization for Direct Payment

I authorize **McLeod Cooperative Power Association** and the financial institution named below to initiate entries to my checking/savings account. The authority will remain in effect until I notify you in writing to cancel it in such time to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution _____

Branch _____

City _____ State _____ Zip _____

Bank Acct. # _____ Checking _____ Savings _____

Signature _____ Date _____

Print Name _____

Print Address _____

MCPA Electric Account # you want on Direct Pay Plan _____

Location # _____