

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize **McLeod Cooperative Power Association** and the financial institution named below to initiate entries to my checking/savings account. This 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.

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(Name of Financial Institution) (Address)

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(City) (State) (Zip Code)

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(Signature) (Date)

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(Name – Please Print) (Telephone No.)

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(Address – Please Print)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

**PLEASE ATTACH A VOIDED BLANK CHECK or SAVINGS WITHDRAWAL SLIP FROM YOUR DESIGNATED ACCOUNT FOR VERIFICATION.**

**Electric Account No. :** \_\_\_\_\_ **Location No. :** \_\_\_\_\_

**Return to:**

**McLeod Cooperative Power  
Attn: Billing Department  
3515 11<sup>th</sup> Street East  
Glencoe, MN 55336**