

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 at least 4 days before my account is charged.

(Name of Financial Institution)

(Address)

(City)

(State)

(Zip Code)

(Signature)

(Date)

(Name – Please Print)

(Telephone No.)

(Address – Please Print)

Bank Account # _____ **Checking** _____ **Savings** _____ **Personal** _____ **Business** _____

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

Electric Account # _____

Location # _____

Return to:

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