

# Electronic Payment Plan Authorization

Name(s) as shown on your electric bill \_\_\_\_\_ Crow Wing Power Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on bank account, if different from electric bill \_\_\_\_\_

Name of financial institution \_\_\_\_\_

Address of financial institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OFFICE USE ONLY: \_\_\_\_\_ CIN# \_\_\_\_\_

By signing below, I understand and have read the enclosed information and would like Crow Wing Power to begin electronic withdrawals from my account at the financial institution I have named in my application for electronic payments. In addition to authorizing Crow Wing Power, I authorize my named financial institution to charge those withdrawals from my account. Both Crow Wing Power and my financial institution have the right to cancel my use of electronic payments and this agreement will remain in effect until I give my intent to withdraw in writing to Crow Wing Power.

This authorization will be in effect until written notice is given to either party and Crow Wing Power must be given a reasonable time to discontinue my participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

## PLEASE NOTE

1. Please fill out all the information needed on this form.
2. **NOTE:** if you are signing up for Automatic Electronic Payments, we must have the following enclosed in your application (depending upon whether you'll be using your checking or savings account. (CHOOSE ONLY ONE METHOD)  
 CHECKING ACCOUNT: Enclose a **check** (not a deposit slip) and write void on it.

SAVINGS ACCOUNT:

Routing # \_\_\_\_\_ Account# \_\_\_\_\_ Check# \_\_\_\_\_  
⑆091907125⑆ ⑆22 222 2⑆ 533?

Sample Check for your Bank Routing #

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Bank Routing #

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Savings Account #

Your bank routing number identifies your bank and is the same for checking as it is for savings accounts. Your personal account number will vary. You can find the nine-digit bank routing number on your checks or call your bank for routing and account number information.

3. Return the agreement with voided check or savings information with your bill or mail to us at P.O. Box 507, Brainerd, MN 56401

*Questions? 218-829-2827 • 1-800-648-9401*