



# RECURRING AUTOMATIC PAYMENT PLAN REGISTRATION FORM

Instead of writing a check each month, your payment can be electronically transferred from your checking or savings account to Stearns Electric Association on the due date of your bill. Proof of your payment will appear on your bank statement. For your records, you will continue to receive a monthly statement from the Cooperative. Instead of an amount due on the stub, it will indicate that the bill will be paid on the due date. This arrangement will remain in effect until you terminate the authorization.

## HOW DO I APPLY FOR THE AUTOMATIC PAYMENT PLAN?

**Step 1:** Cut out the form below and fill in your name, address and Stearns Electric Association account number exactly as they appear on your electric bill. If you wish to apply the Automatic Payment option to more than one account, please contact our Billing department at (800) 962-0655.

**Step 2:** Fill out your financial institution's name and address on the lines provided.

**Step 3:** If your payment is to be deducted from a checking account, enclose a blank check. Write VOID across it. DO NOT SIGN IT. If your payment is to be deducted from a savings account, enclose a deposit slip that has your account number listed.

**Step 4:** Sign, date and return the form to the Cooperative. If you're eligible, within two months, you will see a message on your electric bill, alerting you that the Automatic Payment Plan is in effect. Until then, please continue to pay your bill as usual.

RECEIVE ONE  
**FREE**  
MONTH

SIGN UP FOR AN AUTOMATIC PAYMENT PLAN, FROM A DESIGNATED CHECKING OR SAVINGS ACCOUNT, AND RECEIVE ONE FREE MONTH OF YOUR FIXED CHARGE\* (A VALUE OF \$34.25!)

\*you must remain enrolled in the AutoPay Program for 12 months to retain this bill credit.

## RECURRING AUTOMATIC PAYMENT PLAN AUTHORIZATION

NAME: \_\_\_\_\_ STEARNS ELECTRIC ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

WITHDRAW MY PAYMENT FROM:  CHECKING  SAVINGS

ROUTING NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

By signing and dating below:

- I authorize Stearns Electric Association to electronically debit my account.
- I understand my account will be automatically debited on the 25<sup>th</sup> day of every month beginning with the month following the date below. If the 25<sup>th</sup> falls on a weekend or holiday, my account will be automatically debited the next business day.
- I understand that this authorization will remain in effect until I notify Stearns Electric that I wish to revoke this authorization. I understand that Stearns Electric requires at least one (1) week notice in order to cancel authorization for a current month's withdrawal. Stearns Electric also reserves the right to cancel AutoPay if my account violates policy or procedure.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



### COMPLETE THIS FORM AND RETURN TO:

Stearns Electric Association,  
PO Box 40, Melrose, MN 56352-0040  
Fax: (320) 256-3618 | Email: [billing@stearnselectric.org](mailto:billing@stearnselectric.org)