



Your Touchstone Energy® Partner 

# Authorization For Automatic Payment

Please complete and return this form. Please print clearly.

I authorize Nodak Electric Cooperative, Inc. and my financial institution to initiate entries to debit my account described below. I understand that this authority is to remain in effect until Nodak Electric Cooperative, Inc. has received written notification from me of its termination. Termination shall be received in such time as to afford Nodak Electric Cooperative, Inc. a reasonable opportunity to act on it.

## Customer Information

Nodak Electric Account Number \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Financial Institution Information

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Routing Number \_\_\_\_\_

(located after ■ : and before ■ : on bottom middle of check or saving deposit ticket)

Account Number \_\_\_\_\_

Account Type   /Checking     /Savings   (please circle one)

**Nodak Electric Cooperative, Inc.**  
P O Box 13000  
4000 32nd Avenue S.  
Grand Forks, ND 58208-3000  
800-732-4373 or 746-4461  
fax 701-795-6701  
[www.nodakelectric.com](http://www.nodakelectric.com)

<b>Office use only</b>	
Entered by	_____
Start Period	____/____/____
Prenoted	_____yes
	_____no