

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) _____

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 11th Street East
Glencoe, MN 55336**