



Osceola Electric Cooperative, Inc.

Authorization for Enrollment in the ACH Payment Plan

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Osceola Electric Cooperative Account Number(s) _____

Bank Routing Number _____

Bank Customer Number _____

Checking _____ or Savings _____

I authorize Osceola Electric Cooperative and the financial institution named above to draw monthly bank drafts on my account shown above for the payment of my monthly electrical bill. I understand that I can discontinue my participation in the ACH by notifying Osceola Electric Cooperative in writing. Osceola Electric Cooperative as well as my bank may also terminate this agreement with 10 days written notice.

Signature

Date

Please attach a voided check to this form and send it to: Osceola Electric Cooperative, P.O. Box 127, Sibley, Iowa 51249