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**ACH AUTHORIZATION FOR DIRECT PAYMENT**

I authorize North Star Electric Cooperative, Inc. and the financial institution named below to initiate entries to my checking/savings account to pay my electric bill on the due date. This authorization will remain in effect until I notify North Star Electric Cooperative to cancel it, giving a reasonable advance notice. **If insufficient funds are in my bank account, I will be removed from ACH after the second infraction and fees will be added, possibly including a security deposit.**

\_\_\_\_\_  
 Name of Financial Institution Branch

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

Financial Institution Routing Number \_\_\_\_\_  
 (the number between the symbols |: |: on the bottom left of your check)

\_\_\_\_\_  
 Your Name (please print)  Signature Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Your Bank Account Number Checking\_\_\_\_\_ Savings\_\_\_\_\_

Telephone Number of Financial Institution \_\_\_\_\_

Please include a voided check with this form. You will know that the service is set up when your statement indicates "TO BE PAID BY ACH"

email address \_\_\_\_\_ (optional)

password \_\_\_\_\_