



PO Box 719
 Baudette, MN 56623
 218-634-2202
 888-634-2202
 Fax: 218-634-2203

PO Box 371
 Littlefork, MN 56653
 218-278-6658
 888-258-2008
 Fax: 218-278-4748

e-mail: nsec@wiktel.com
www.northstarelectric.coop

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 _____