

**Sign me up for Howard Electric's
AUTO-PAY Plan.**

Check the accounts you wish to be automatically paid:

Electric Bill

Member Information

Name _____

Address _____

City/State/Zip _____

Phone _____

Financial Institution Information

Bank Name _____

Address _____

City/State/Zip _____

Bank Acct.# _____

Checking

Savings

Bank Transit # _____

I (we) hereby authorize Howard Electric Cooperative to initiate debit entries to my (our) checking account at the bank named above, and to debit the same to such account on a monthly basis.

I (we) agree to all terms and conditions of this authorization.

Signature(s)

Date

X _____

X _____

**Return this form and a voided check or deposit slip to
Howard Electric Cooperative
P. O. Box 391, Fayette, MO 65248**