

AUTO PAY AUTHORIZATION FORM

I authorize Arrowhead Electric Cooperative, Inc. (AECI) and the financial institution named below to initiate debit entries to my (our)

Please select one account:

Checking Savings

AECI Account number

Telephone number

Names(s) – Please print

Billing Address

City

State

Zip Code

Signature

Name of Financial Institution (Include Branch)

Address of Financial Institution

City

State

Zip Code

Bank Account Number

Bank routing number (Routing number is printed between the I: symbols on the bottom of your check.)

**Please return the completed application along with a voided check to:
Arrowhead Electric Cooperative, Inc. – PO Box 39 – Lutsen, MN 55612**

Note: Your bill will be mailed around the 1st of each month. Auto Pay is deducted from your bank account between the 18th and 20th of each month.