



**People's Cooperative Services**

Your Touchstone Energy® Cooperative 

3935 Highway 14 East  
 P.O. Box 339  
 Rochester, MN 55903-0339  
 Phone: (507) 288-4004  
 Fax: (507) 288-9438

## Automatic Payment Enrollment Form

Simplify your electric bill payment process by enrolling in our Automatic Bill Pay Plan. No more checks to write or worries about lost, stolen, or delayed mail. It is as easy as 1-2-3 -- fill in the required information - sign and return to our office.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account numbers to be enrolled: \_\_\_\_\_  
 \_\_\_\_\_

### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH/EFT DEBITS)

I authorize People's Cooperative Services to debit the checking, savings, or credit/debit accounts entered below for the Account Number listed above. I acknowledge that the origination of ACH/EFT transactions to my accounts must comply with the provisions of U.S. law.

**I understand the amount owed on my electric account will draft on the 20th of each month, unless it is on a weekend or holiday in which it will draft the following business day.**

**Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_ *Please attach a voided check or savings deposit slip for our records*

Bank Name & Address \_\_\_\_\_

Rounting Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Credit/Debit Card Type:** Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

This authorization is to remain in full force and in effect until People's Cooperative Services has received notification from me of its termination at least 5 business days before the due date of my electric bill.

**Signature(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please fill in the blanks, sign and return to the following address:

PEOPLE'S COOPERATIVE SERVICES  
 P.O. BOX 339  
 Rochester, MN 55903