



9549 Hwy 5
P.O. Box 6
Columbus, ND 58727
(701) 939-6671
www.bdec.coop

AUTOMATIC BILL PAYMENT AUTHORIZATION

The automatic payment option is convenient and ensures your electric bill is paid on time, even if you're out of town or simply forget. It's easy to sign up and easy to cancel.

With the automatic payment options, you receive your electric bill by mail or e-mail as usual each month and have time to review it before your payment is made electronically with your credit card or from your checking account. Electronic payments are processed the 20th of each month or following business day. To have your electric payment automatically charged to your credit or debit card or withdrawn from your bank account, simply complete the authorization form below and return it to our office.

Contact BDEC at (701) 939-6671 if you have questions or need assistance with this form. Keep top portion for your records.

BDEC Acct # _____ Credit Card/Bank Account _____ Date: _____

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Burke-Divide Electric Cooperative Automatic Bill Payment Authorization Form

CHECK ONE: Set up New Payment Change Existing Payment

NAME (as it appears on electric bill) _____

BDEC ACCOUNT NUMBER _____ PHONE NUMBER _____

PAY BY CREDIT/DEBIT CARD

TYPE OF CREDIT CARD VISA MASTER CARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CREDIT CARD _____

CREDIT CARD BILLING ADDRESS _____

OR

PAY BY BANK ACCOUNT

NAME OF FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ADDRESS _____ ACCOUNT TYPE CHECKING SAVINGS

ROUTING NUMBER _____ ACCOUNT NUMBER _____

AMOUNT OF DEBIT Total Due on monthly bill

FREQUENCY OF DEBIT 20th of each month or next business day

I hereby authorize Burke-Divide Electric Cooperative, Inc. to electronically debit my account (and if necessary, to electronically credit my account to correct erroneous debits) at the depository financial institution named above. I agree that ACH transactions I authorize comply with all United States law and applicable law and I agree to be bound by the Nacha Operating Rules and Guidelines. I understand that this authorization will remain in full force and effect until I notify Burke-Divide Electric Cooperative, Inc. in writing that I wish to revoke this authorization. I understand that Burke-Divide Electric Cooperative, Inc. requires at least 4 business days' prior notice in order to cancel this authorization.

AUTHORIZED SIGNATURE _____

PRINTED NAME _____

DATE _____

Completed forms must be mailed to BDEC. Include a voided check if paying by bank. BDEC, P.O. Box 6, Columbus, ND 58727