

KEM ELECTRIC COOPERATIVE, INC.

AUTOMATIC PAYMENT PLAN

Take advantage of the Automatic Payment Plan.

Now you can have your payment made automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

- * **it saves time - fewer checks to write**
- * **helps meet your commitment in a convenient and timely manner -- even if you're on vacation or out of town**
- * **your payment is always on time**

Here is how the Automatic Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on or around the due date printed on your power bill. Proof of payment will appear with your next statement. You will still receive your monthly billing statement each month.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

To take advantage of this service, complete the authorization form below and return it to us along with a voided check. Our mailing address is: **KEM Electric Cooperative, Inc., P. O. Box 790, Linton, ND 58552-0790.**

Allow approximately one month for the automatic payment plan to take effect. You will see "Auto Pay" printed on your bill in the amount due area when the automatic payment plan is in effect.

RETAIN FOR YOUR RECORDS

On _____, 20____ I authorized **KEM ELECTRIC COOPERATIVE, INC.** to initiate electronic entries to my checking/savings account and agree to the terms listed on the authorization, for payment of my monthly electric bill(s). The payment amount will vary depending upon the usage at my electric account(s).

*****PLEASE CUT HERE*****

Please return with voided check.

Electric Billing Account # _____

AUTHORIZATION FOR AUTOMATIC PAYMENT

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I authorize **KEM ELECTRIC COOPERATIVE, INC.** and the financial institution named below to initiate entries to my checking/savings account. This authorization will cover all of my electric accounts and any other amounts due the Co-op. This authority will remain in effect until I notify you in writing to cancel it in such time as to allow KEM Electric a reasonable opportunity to act on it. I can stop payment of any entry by notifying KEM Electric Cooperative, Inc. no later than five (5) days prior to the due date printed on my power bill.

(Name of Financial Institution)

(Address of Financial Institution) (Street) (City) (State) (Zip Code)

(Signature)

(Name - Please PRINT)

(Address - Please PRINT)

* Checking Account No. _____ or * Savings Account No. _____

Financial Institution Routing Number _____
(Between these symbols **I: I:** on the bottom left of your check.)