

AUTOMATIC PAYMENT PLAN ENROLLMENT



Yes, I want to participate in the Automatic Payment Plan.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Member/Customer No. _____ Start date (if not next monthly bill) _____

Electric Account(s):

Account # _____ Account # _____ Account # _____

Internet/Voice Account: Account # _____

Financial Institution _____

Address _____

City _____ State _____ Zip _____

Routing No: _____ Account No: _____

Type of Account: _____ Checking (attach **VOIDED** check) _____ Savings (attach **deposit slip**)

Authorization - I authorize Pierce Pepin Cooperative Services/SwiftCurrent Connect to instruct my financial institution to make my payment to them from the account listed above **on or about the due date indicated on my electric and/or internet/voice bill(s), or as soon thereafter as possible**. I understand that I control my payments, and if at any time I decide to discontinue this service I will notify Pierce Pepin Cooperative Services/SwiftCurrent Connect **at least 15 days prior to the due date indicated on my bill(s) of the current month** by phone, in writing, or by email. I also understand that Pierce Pepin Cooperative Services/SwiftCurrent Connect has the right to terminate my participation in the Automatic Payment Plan at any time and will notify me of such termination in writing or by email.

*NOTE: Allow up to **15 days** from the date this form is received by PPCS/ SwiftCurrent Connect for ACH to be available. It is your responsibility to ensure any amounts due during that 15-day period are paid.*

Signature _____ Date _____

Return this form to: Pierce Pepin Cooperative Services
SwiftCurrent Connect
PO Box 420
Ellsworth WI 54011