

PIERCE PEPIN
COOPERATIVE SERVICES
Live Better.®

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

Name(s) _____

Address _____

City _____ State _____ Zip code _____

Phone _____ Email _____

Member Number _____ Start date (if other than next monthly bill) _____

Account No. _____ Account No. _____ Account No. _____

Financial Institution _____

Address _____

City _____ State _____ Zip code _____

Account No. _____ Routing No. _____

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

Authorization - I authorize Pierce Pepin Cooperative Services 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 bill (10th, 20th or 30th), 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 **at least 15 days prior to the due date indicated on my bill (10th, 20th or 30th) of the current month** by phone, in writing, or by email. I also understand that Pierce Pepin Cooperative Services 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.

Signature _____ Date _____

Return this form to:

Pierce Pepin Cooperative Services
PO Box 420, Ellsworth, WI 54011
715-273-4355 · 800-924-2133
www.piercepepin.coop