



Chippewa Valley Electric Cooperative • 317 South 8th Street • P.O. Box 575 • Cornell, WI 54732
715.239.6800 • www.cvecoop.com • Fax: 715.239.4290

AUTOMATIC PAYMENT AUTHORIZATION FORM

I want to participate in the Automatic Payment plan via my checking or savings account.

Names(s) shown on CVEC Bill _____

CVEC Account Number _____

Billing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Work Phone _____

Please allow one month for the set-up of the Automatic Payment Plan. Your bill will note that you are set up for automatic deduction.

If your payment is to be deducted from a checking account, enclose a blank check. Write VOID across it and DO NOT SIGN IT!!

If your payment is to be deducted from a savings account, enclose a deposit slip that includes your account number.

CVEC has the right to cancel my use of the Automatic Payment Plan. It is CVEC's policy to cancel the use of the Automatic Payment Plan if two NSF payments occur. I will write to CVEC if I decide to cancel my use of the Automatic Payment Plan.

Account holder(s) _____

Signature(s) _____

Date _____

Return this form to: Chippewa Valley Electric Cooperative
P.O. Box 575
Cornell, WI 54732

CVEC is an equal opportunity provider and employer.