



Eastern Illini  
Electric  
Cooperative

# AUTOMATIC BILL PAYMENT FORM

Automatically pay for your electric service each month  
using a debit card, credit card, or a bank account.

Name: \_\_\_\_\_

EIEC Account #: \_\_\_\_\_

Addl. Account #: \_\_\_\_\_

Addl. Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PAYMENT INFORMATION

Debit Card       Credit Card (we accept Visa, MasterCard, American Express, and Discover)

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card CVV2 #: \_\_\_\_\_

Usually on the back of your card.

-OR-

Checking Account       Savings Account

Financial institution name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Account #: \_\_\_\_\_

**To ensure accuracy, please  
enclose a voided check.**

Routing #: \_\_\_\_\_

I authorize payment of my Eastern Illini Electric Cooperative (EIEC) account each month by the above listed payment method. This authorization remains in effect until EIEC or my financial institution receives written notification from me, the credit card expires, or until EIEC has sent me written notice of termination of this agreement. EIEC will notify you with the start date for automatic bill payments. Please continue to pay your bill until you receive that notification. All payments are processed within TWO business days of the bill's due date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to:**

Eastern Illini Electric Cooperative  
PO BOX 96  
Paxton, IL 60957

**800-824-5102**

**www.eiec.coop**