



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 via ACH.

I, _____, authorize Eastern Illini Electric Cooperative (EIEC), to initiate debit entries to my account indicated below and the Financial Institution named below, herinafter called "financial institution," to debit the same account. I acknowledge that the origination of ACH transactions must comply with U.S. law and NACHA rules.

Banking Account Detail

Financial institution: _____ Checking Account Savings Account

Routing Number: _____ Account Number: _____

To ensure accuracy, please enclose a voided check.

- or -

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

Card #: _____ Exp. Date: _____ Card CVV2 #: _____

Payment Detail

This authorization applies to:

Single Entry = This authorizes EIEC to initiate ONLY ONE debit entry to my account.

Recurring Entries = This authorizes EIEC to initiate more than one debit entry at substantially regular intervals, without further affirmative action by the Receiver to authorize those future entries.

One or more Subsequent Entries = This authorizes EIEC to initiate one or more debit entries prompted by my affirmative action in accordance with this form. Description of required affirmative action: _____

Authorized Amount of the Entry(ies):

Fixed Payment = Dollar Amount \$ _____ -or- **Variable Payment** = Amount shown on Billing Statement

Timing, Number, and Frequency of Entry(ies):

Start Date: _____ Frequency: Once Daily Weekly Monthly Other: _____

Authorized number of entries (if applicable): _____

This authorization is to remain in full force and effect until EIEC has received written notification from me (or any authorized account signer) by the 14th of the month at the contact information below of its termination in such time and manner as to afford EIEC a reasonable opportunity to act on the request. 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: _____

Name (Printed): _____ EIEC Account #: _____

Please return this completed form to:

Eastern Illini Electric Cooperative

PO BOX 96

Paxton, IL 60957

800-824-5102

www.eiec.coop

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