



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 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