

**BAYFIELD ELECTRIC COOPERATIVE
AUTHORIZATION FORM**

**Yes, I wish to participate in the
AUTOMATIC PAYMENT PLAN**

Name(s) as shown on your bill

Account Number(s)

Billing Address

City,State,Zip

Telephone Number

Work Phone

Your Financial Institution

Financial Institution Address

City,State,Zip

Telephone Number

**PLEASE ENCLOSE A BLANK CHECK FROM YOUR CHECKING ACCOUNT .
WRITE VOID ACROSS IT AND DO NOT SIGN IT.**

Bayfield Electric Cooperative has the right to cancel my use of the Automatic Payment Plan. I will write to Bayfield Electric Cooperative if I decide to cancel my use of the Automatic Payment Plan.

Account Holder(s)

Signature(s)

Date

NOTE: If the account is in two names, both account holders must sign.

If you have any questions, please call Bayfield Electric Cooperative at 1-715-372-4287 or 1-800-278-0166.