

Yes, I'd like to sign up for Pay-By-Bank.

I authorize Verendrye Electric Cooperative to initiate entries to my account identified below for payment of my electric bills.

I authorize the financial institution listed below to pay my monthly Verendrye Electric Cooperative electrical bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me.

Name _____ **Phone #** _____
(please print)

Address _____

City _____

State _____ **Zip** _____

I want my Account Payment taken from: **Checking** or **Savings**
Please attached a voided check or savings deposit slip.

Signature _____

Authorized signature on my account

Note: Signature must match name on the account.

Attach a voided check or savings deposit slip.

Mail to: **Verendrye Electric Cooperative**
615 Hwy 52 West
Velva, ND 58790