

SEMO Electric Cooperative

EZ Pay Authorization Form

Checking • Savings • VISA • MasterCard

Mail Completed form to:
 SEMO Electric Cooperative
 P.O. Box 520
 Sikeston, MO 63801
 1-800-813-5230

Provide the following information (please print):

Name _____ SEMO Electric Account Number _____
 Address _____ City _____ State _____ Zip _____
 Home Telephone (_____) _____ Work Telephone _____ ext. _____

Choose on of the following programs:

Bank Draft (Please return this form and voided check or deposit slip.)

I (we) hereby authorize SEMO Electric Cooperative, hereinafter called COOPERATIVE, to charge my (our) checking, savings and loan, or credit union account for the amount of the bill on a recurring, monthly basis. I (we) further authorize the bank, savings and loan, or credit union to debit the same to such account.

Name of bank, savings and loan, or credit union _____

Address _____ City _____ State _____ Zip _____

Type of Account (choose one) Checking Savings

Bank Transit Number _____

(First series of numbers on lower left of check. Contact your financial institution for help determining the number)

Bank Account Number _____

Credit Card

I (we) hereby authorize SEMO Electric Cooperative, hereinafter called COOPERATIVE, to charge my (our) credit card account for the amount of the bill on a recurring, monthly basis. I (we) further authorize the bank, savings and loan, or credit union to debit the same to such account. If for any reason my credit card is denied, and payment is refused, I am responsible for the unpaid balance and any late charges and penalties assessed to my billing account. I am aware that the unpaid balance is subject to disconnect according to the the BY-Laws of the Cooperative.

Credit Card (choose one) VISA MasterCard

Credit Card Number - - -

Expiration Date _____ Authorization Signature _____

Please sign:

I hereby authorize SEMO Electric Cooperative, to initiate monthly debits on or near the 10th of each month, beginning next month and continuing each month thereafter, for payment of my electric service and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both SEMO Electric Cooperative, and my financial institution reserve the right to terminate this payment plan or my participation herein. This authority is to remain in effect until revoked by SEMO Electric Cooperative, my financial institution, or myself in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law.

Member Signature(s) _____ Date _____
 _____ Date _____