

AUTOMATIC BILL CREDIT REQUEST FORM

The automatic bill credit plan is setup to pay your electric bill directly from your bank account.

*T.I.P. Rural Electric Cooperative
PO Box 534
Brooklyn IA 52211*

Please complete form and return to T.I.P. Rural Electric Cooperative.

Name:(as shown on bill)	Account Number:
Street:	City, State, Zip:
Home phone:	Work phone:

I, _____(checking account holder), authorize my bank to make monthly electric payments directly to the T.I.P. Rural Electric Cooperative and post them to my bank account.

Bank name:	Branch:
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(Attach a voided check or personal deposit slip showing your name and checking account number.) I understand that if any any time I decide to discontinue the automatic bill credit payment service, I will notify the T.I.P. Rural Electric Cooperative. I understand that this agreement can be terminated by either party upon thirty days written notice.

Signature of checking account holder:
Date:

Attach voided check
