



9549 Hwy 5  
P.O. Box 6  
Columbus, ND 58727  
(701) 939-6671  
www.bdec.coop

**AUTOMATIC BILL PAYMENT AUTHORIZATION**

The automatic payment option is convenient and ensures your electric bill is paid on time, even if you're out of town or simply forget. It's easy to sign up and easy to cancel.

With the automatic payment options, you receive your electric bill by mail or e-mail as usual each month and have time to review it before your payment is made electronically with your credit card or from your checking account. Electronic payments are processed the 20<sup>th</sup> of each month. To have your electric payment automatically charged to your credit or debit card or withdrawn from your bank account, simply complete the authorization form below and return it to our office.

Contact BDEC at (701) 939-6671 if you have questions or need assistance with this form. Keep top portion for your records.

BDEC Acct # \_\_\_\_\_ Credit Card/Bank Account \_\_\_\_\_ Date: \_\_\_\_\_

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**Burke-Divide Electric Cooperative  
Automatic Bill Payment Authorization Form**

CHECK ONE:  Set up New Payment  Change Existing Payment

NAME (as it appears on electric bill) \_\_\_\_\_

BDEC ACCOUNT NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**PAY BY CREDIT/DEBIT CARD**

TYPE OF CREDIT CARD  VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

CREDIT CARD BILLING ADDRESS \_\_\_\_\_

OR

**PAY BY BANK ACCOUNT**

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS \_\_\_\_\_ ACCOUNT TYPE  CHECKING  SAVINGS

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

AMOUNT OF DEBIT Total Due on monthly bill FREQUENCY OF DEBIT 20<sup>th</sup> of each month or next business day

*I hereby authorize Burke-Divide Electric Cooperative, Inc. to electronically debit my account (and if necessary, to electronically credit my account to correct erroneous debits) at the depository financial institution named above. I agree that ACH transactions I authorize comply with all United States law and applicable law and I agree to be bound by the Nacha Operating Rules and Guidelines. I understand that this authorization will remain in full force and effect until I notify Burke-Divide Electric Cooperative, Inc. in writing that I wish to revoke this authorization. I understand that Burke-Divide Electric Cooperative, Inc. requires at least 4 business days' prior notice in order to cancel this authorization.*

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

**Completed forms must be mailed to BDEC. Include a voided check if paying by bank. BDEC, P.O. Box 6, Columbus, ND 58727**