



Auto Payment Options

Please fill out all required information below and return to:
Mille Lacs Energy Cooperative PO Box 230 Aitkin, MN 56431
You may contact Mille Lacs Energy with any questions at 218-927-2191 or 1-800-450-2191

Print name(s) shown on your bill _____
MLEC Account Number

Address *City* *State* *Zip*

()

Phone Number *Email*

CHECKING OR SAVINGS ACCOUNT **(Must include VOIDED check)** -- Two signatures are required if the account is joint

Name(s) on Bank account _____
Name of Financial Institution Branch

DEBIT or CREDIT **(circle one)**

Card Account Number (only Visa or Mastercard are accepted) _____
Expiration Date

Name as Reflects on Card

Your payment will be processed automatically on the due date of the bill.
No changes, updates or cancellations can be made within 5 business days of the due date.

By signing below, I/we understand that I/we will enter into the Direct Payment Plan with Mille Lacs Energy Cooperative as soon as possible. I/we authorize Mille Lacs Energy Cooperative and the named financial institution to pay my/our monthly bill by charging each payment to my/our bank account. This authorization is to remain in effect until I/we revoke it in writing giving MLEC reasonable time to discontinue my/our participation. I/We also understand that if automatic payment should fail due date (E.g., insufficient funds, over credit limit, expired card, etc.) MLEC reserves the right to suspend autopay until I/We contact MLEC with updated payment information. I/we understand that both the financial institution and MLEC reserve the right to terminate this payment plan or my/our participation therein. Cards declined or rejected due to change of number, over credit limit, expired card, or any other reason will be subject to finance charges.

Signature *Date* *Phone Number*

Signature (additional signature required for joint account) *Date* *Phone Number*