



Automatic Payment Authorization Form

Please complete and return this form to:
Scenic Rivers Energy Cooperative
206 County Road K, Lancaster WI 53813

Name (as shown on bill) _____

SREC Account Number _____

Phone Number _____

I would like my Direct Payment to be deducted from my account on 10th or 20th
(Please circle the day of the month)

I authorize Scenic Rivers Energy Cooperative to instruct my financial institution to make my payments to them from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Scenic Rivers Energy Cooperative in writing.

Financial Institution Name _____

Account Type (checking or savings) _____

Account Number _____

Signature _____

Date _____

Please enclose a voided check or withdrawal slip so that we can record the correct financial institution information.