

MEMBER INFORMATION

Name (as shown on bill) _____

ECEC Account Number _____

Phone Number _____

Service Address _____

City _____ State _____ ZIP _____

Signature _____ Date _____

FINANCIAL INSTITUTION INFORMATION

I authorize Eau Claire Energy Cooperative to instruct my financial institution to make my payments from the account number included. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Eau Claire Energy Cooperative in writing.

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

SUBMIT FORM

Please complete and return this form to:

Eau Claire Energy Cooperative

P.O. Box 368

Fall Creek, WI 54742