

Balance your Budget with Eau Claire Energy Cooperative Payment Plans!

Budget Payment Plan

Take the highs and lows out of your energy bills . . .

- Average your energy usage over 12 months.
- No fees for this service.

How will the Budget Plan work for you?

- The budget amount is based on your previous 12-month usage.
- The average budget amount may be adjusted biannually in April and October of each year.

Qualifications:

- Your account must be current.
- Be an active member of the Cooperative for the past 12 months.
- Have excellent credit history with the Cooperative.

How can you enroll?

- Call (715) 832-1603 or complete the authorization portion below and return it to our office.

Direct Payment Plan

Pay your electric bill each month without lifting a finger!

- Saves time, fewer checks to write.
- No late charges.
- No fees for this service.

How are my Cooperative energy bills paid?

- The amount will be automatically deducted from your account on the 20th of each month once your authorization form has been received.
- Each Direct Payment will be clearly itemized on your monthly statement from your financial institution from Eau Claire Energy Cooperative.

How can you enroll?

- Complete the authorization portion below and return it with your next payment. Your automatic withdrawal will begin with your following month's billing.

Please detach bottom portion and return to the cooperative with your billing statement.

I would like to enroll into the: Budget Plan only Direct Payment Plan only Budget & Direct Payment Plan

Fill out this portion if signing up for the Budget Plan
and/or the Direct Payment Plan.

Fill out this portion for the **Direct Payment Plan**

Type of account: Checking Savings

Name (as shown on bill) _____

ECEC Account Number _____

Service Address _____

City _____ State _____ Zip _____

Please enclose a voided check or withdrawal slip so ECEC can record the correct financial institution information if signing up for the Direct Payment Plan.

I authorize Eau Claire Energy Cooperative to instruct my financial institution to make my payment to them from the account listed above. 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.

Signature _____ Date _____