

AUTOMATIC BILL CREDIT REQUEST FORM

The automatic bill credit plan is setup to pay your electric bill directly from your bank account.

*T.I.P. Rural Electric Cooperative
PO Box 534
Brooklyn IA 52211*

Please complete form and return to T.I.P. Rural Electric Cooperative.

Name:(as shown on bill)	Account Number:
Street:	City, State, Zip:
Home phone:	Work phone:

I, _____(checking account holder), authorize my bank to make monthly electric payments directly to the T.I.P. Rural Electric Cooperative and post them to my bank account. The payments will be withdrawn on the 18th of each month unless the 18th falls on a weekend or holiday, and then it will be withdrawn the following working day.

Bank name:	Branch:
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(Attach a voided check showing your name and checking account number.)
I understand that if at any time I decide to discontinue the automatic bill credit payment service, I will notify the T.I.P. Rural Electric Cooperative.

Signature of checking account holder:	
Date:	

Attach voided check only
NO DEPOSIT SLIPS