

Easy Pay Application

I authorize East Central Energy to instruct my financial institution to make payments to ECE from the account listed below. I understand I control my payments, and if at any time I decide to discontinue this payment service I will notify ECE. I also agree to paperless billing. (I understand ECE will send billing notices via e-mail at the address I have provided here.)

Name: _____

Address: _____

Bank Name: _____

Bank Address: _____

Signature _____

ECE Account Number: _____

E-mail address: _____

Type of account EasyPay is to be deducted from:

Checking Savings

I have enclosed a voided check blank.

Today's Date: _____

Mail to: East Central Energy, EasyPay, PO Box 39, Braham MN 55006