

Nemaha-Marshall Electric Cooperative

Automatic Payment Plan (ACH) for Nemaha-Marshall Electric Cooperative

Nemaha-Marshall Electric Cooperative is offering members an Automatic Payment Plan. You can have your payment taken automatically from your checking or savings account. Each month the payment will be deducted from your account on the last business day of the month.

Members using the automatic payment plan will receive a statement each month showing the amount withdrawn from your bank account and indicate that your bill will be paid by ACH.

To apply please fill out the Automatic Payment form below, enclose a voided check and mail to:

Nemaha-Marshall Electric Cooperative
PO Box O
Axtell, KS 66403

If you have any questions please call 785- 736-2345 or 866-736-2347

Automatic Bill Payment Authorization

I authorize Nemaha-Marshall Electric Cooperative and the financial institution named below to deduct the amount of my electric bill from the account or accounts identified below. I understand my automatic payment will be deducted on the last business day of each month for the amount of all charges due. I have the right to stop the deduction by notification to the Cooperative billing department at least (15) fifteen business days before the due date of my bill. My authorization and the automatic payment service will remain in full force and effect until revoked by me, my financial institution, or Nemaha-Marshall Electric Cooperative. I also understand that if my automatic payment is returned to Nemaha-Marshall Electric Cooperative by my financial institution for any reason that I will be assessed a \$50.00 service charge.

Please Note: Billing cut-off date is the 5th of each month. Applications received after this date will be set up in the following month. The ACH is in effect when your bill reads as follows: "Do Not Pay, Paid by Bank Draft Plan."

Nemaha-Marshall Electric Account No(s): _____ Date: _____

(Only Cooperative Read Accounts Are Eligible)

Full Name: _____ Phone No: _____

Address: _____ Cell Phone No: _____

City: _____ State: _____ Zip: _____

Financial Institution's Name: _____

Financial Institution's Address: _____

Financial Institution's City/State/Zip: _____

Financial Institution's Routing Number: _____

Financial Institution's Account Number: _____

Account Type: (Checking or Savings) _____

Signature: _____

PLEASE ENCLOSE A VOIDED CHECK

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