

Your Touchstone Energy® Cooperative

PO Box 192 Park Rapids, MN 56470 218-732-3377 or 888-713-3377 Itasca-mantrap.com

Automatic Payment Form Checking or Savings account

Name on electric account Address		Electric account number				
		City		State	Zip code	
Name of account	t holder(s)					
Routing number						
Withdraw from: (Select only one)	Checking account num (Please include avoided ch	Checking account number (Please include avoided check)		Savings account number (Please include a deposit slip)		
institution named al authorization will rer stop payment of an days before my acc	uthorize Itasca-Mantrap Co pove to initiate withdrawals main in effect until I notify It y entry by notifying my finan ount is charged. I acknowle t comply with the provisions	from my c asca-Man ncial institu dge that t	checking/sav trap in writin ution at least he origination	rings accor g to cance three (3) b	unt. This I it. I may ousiness	
Signature		Date P		Phone n	Phone number	
automatically betw	nent plan is dependable, flexible, veen the 15th and 20th of the mor enroll, complete and print this fo	nth and proc	of of payment w	ill áppear on	your next	

This institute is an equal opportunity provider.

Print Form

Itasca-Mantrap Cooperative, PO Box 192, Park Rapids, MN 56470.

For office use only:		
New Existing	I-M employee:	
Effective date:	Bank #:	



Your Touchstone Energy[®] Cooperative K

PO Box 192 Park Rapids, MN 56470 218-732-3377 or 888-713-3377 Itasca-mantrap.com

Automatic Payment Form Visa, MasterCard or Discover credit card

Name on electric account		Electric accou	Electric account number			
Address		City	State	Zip code		
Credit card number		Expiration da	te			
Name of card holder(s)	Visa	MasterCard	Discover			
Card type: (Select only one)						
Discover credit c for advising Itasc receive notices c	ard monthly for the paym ca-Mantrap of any chang and calls concerning my p	rap Co-op. Electrical Ass'n. t nent of my electric bill. I und ges in my credit card inform oayment should my credit c remain in effect until I notify	derstand that I am ation. I understanc ard company decl	responsible 1 that I could line my		

Signature

Date

Phone number

The automatic payment plan is dependable, flexible, convenient and easy. Your payments will be made automatically between the 15th and 20th of the month and proof of payment will appear on your next statement. To enroll, complete and print this form, sign, and submit to: Itasca-Mantrap Cooperative, PO Box 192, Park Rapids, MN 56470.

This institute is an equal opportunity provider.

Print Form

For office use only:				
New Existing	Effective date:			
I-M employee:				