



Itasca-Mantrap

Your Touchstone Energy® Cooperative
The power of human connections®



PO Box 192, Park Rapids, MN 56470

218-732-3377 or 1-888-713-3377

www.itasca-mantrap.com

Automatic Payment Form *Checking or Savings account*

Name on electric account

Electric account number

Address

City

State

Zip code

Name of account holder(s)

Routing number

☐

Withdraw from:
(Select only one)

Checking account number
(Please include a voided check)

☐

Savings account number
(Please include a deposit slip)

By signing below, I authorize Itasca-Mantrap Co-op. Electrical Ass'n. and the financial institution named above to initiate withdrawals from my checking/savings account. This authorization will remain in effect until I notify Itasca-Mantrap in writing to cancel it. I may stop payment of any entry by notifying my financial institution at least three (3) business days before my account is charged. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

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 with a voided check 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 _____

I-M employee: _____

Effective date: _____ Bank #: _____



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Automatic Payment Form *Visa, MasterCard or Discover credit card*

Name on electric account

Electric account number

Address

City

State

Zip code

Credit card number

Expiration date

Name of card holder(s)

Card type:

☐

Visa

☐

MasterCard

☐

Discover

(Select only one)

By signing below, I authorize Itasca-Mantrap Co-op. Electrical Ass'n. to debit my Visa, MasterCard or Discover credit card monthly for the payment of my electric bill. I understand that I am responsible for advising Itasca-Mantrap of any changes in my credit card information. I understand that I could receive notices and calls concerning my payment should my credit card company decline my credit card payment. This agreement will remain in effect until I notify Itasca-Mantrap in writing to cancel it.

Signature

Date

Phone number

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