



Receive a one-time **\$10 bill credit** by signing up for autopay today! Fill out the form below or download the Cass County Electric mobile app to get started!

Autopay Authorization

This form is to sign up for autopay only. For additional payment options and account management sign up for your free online account today! Additional information about our online payment platform and mobile app is on the opposite side of this form.

Your Name _____

Account Number _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Pay with: checking___ or credit___: (Please choose one)

Checking/Savings Account Information: (Please include a cancelled or voided check, if possible)

This option qualifies for the one-time \$10 account credit. Must include bank and routing information.

Financial Institution _____ Routing Number _____

Account Number _____

Credit/Debit Card information: Visa/Mastercard Option (circle one)

Card Number _____ Expiration Date _____

In order to pay all amounts I owe to Cass County Electric Cooperative, Inc., (the "Cooperative") I request that the Cooperative initiate either (i) an electronic fund transfer ("automatic transfer") from the checking account ("Account") I have designated indicated with my enrollment request above, or (ii) a charge to the credit/debit card account ("Card") that I have listed above (either (i) or (ii) above a "Automatic Payment"). The amount of the Automatic Payment will equal the full amount owed to the Cooperative by me as indicated on the billing statement issued by the Cooperative each month. The Automatic Payment will be made on the payment due date shown on my statement. I will receive no advance notice of the automatic transfer each month. I understand that I must continue to make payments when due for all amounts I owe to the Cooperative which are due prior to the effective date of this agreement specified in written notice sent to me by the Cooperative. The Cooperative's right to initiate Automatic Payments under this agreement will remain in effect until three days after I notify the Cooperative in writing of my intent to cancel such rights or such sooner time as the Cooperative notifies me that it has cancelled this agreement. As long as this agreement remains in effect, I agree to maintain in my Account or Card which I have designated for Automatic Payments active and with sufficient funds or credit to satisfy all amounts due by me to the Cooperative at the time any payment is due. In the event that an Automatic Payment request initiated by the Cooperative fails to cause my account with the Cooperative to be paid in full, for any reason, all balances due the Cooperative will remain due; any credit for the payment which the Cooperative makes to my account will be reversed; and the Cooperative will be entitled to charge my account with all late payment fees, interest charges and insufficient funds charges in amounts specified by Cooperative policies applicable to delinquent or non-sufficient funds payments. Should there be any amounts withdrawn from my account by the Cooperative which are not due and owing to the Cooperative, the Cooperative's sole obligation will be to restore the amounts, if any, wrongfully charged by the Cooperative against my account. Under no circumstance will the Cooperative or any bank be responsible for any consequential or special damages resulting from any such erroneous or wrongful withdrawal from my account, including without limitation, any claim for wrongful dishonor of any other obligation drawn on my Account.

Signature _____



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