

# Mor-Gran-Sou Electric Cooperative Makes Paying Your Electric Bill Easy!



# Mor-Gran-Sou Electric Cooperative

Your Touchstone Energy® Cooperative 

## How to sign up for Automatic Payments:

- Complete the Authorization Payment Form below.
- If signing up for Pay by Bank, attach a blank check or savings deposit slip marked "Void." No attachment is necessary for credit cards.
- Members who use "PAY By Bank" will automatically receive a \$1.00 credit on their monthly statement.
- Mail to: Mor-Gran-Sou Electric Cooperative, Inc., PO Box 297, Flasher, ND 58535-0297
- Any questions? Please call us at 701-597-3301, 701-663-0297, or 1-800-750-8212

I (we) authorize Mor-Gran-Sou Electric Cooperative, Inc., and the Checking Account, Savings Account, or Credit/Debit Card to charge payment of my Mor-Gran-Sou Electric Cooperative, Inc., bills. **Your payment(s) will be made automatically on or around the 15<sup>th</sup> of each month. Proof of payment will appear with your next statement.** I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is in effect until revoked by me. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and Mor-Gran-Sou Electric Cooperative, Inc., reserve the right to terminate this payment plan, or my participation therein.

*Your request will have been processed when the words "DO NOT PAY – AutoPay" appear on your electric bill.*

### PAY By Bank Authorization

\_\_\_\_\_  
Mor-Gran-Sou Electric Account Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Checking Account  
(Attach VOIDED Check)

\_\_\_\_\_  
Savings Account  
(Attach Savings Deposit Slip)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Wireless Phone

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

### Credit Card Authorization

\_\_\_\_\_  
Mor-Gran-Sou Electric Account Number

\_\_\_\_\_  
Cardholder's Name (As shown on card)

\_\_\_\_\_  
Card Payment Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
I wish to use credit card (Please check box):



\_\_\_\_\_  
Credit Card Number

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Wireless Phone

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date