

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 15th 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