



CMS Electric Cooperative, Inc.

P.O. Box 790
Meade, KS 67864
Telephone: (620) 873-2184
1 (800) 794-2353

Member Name Phone Number

Address City State Zip

CMS Electric Capital Credit #

I wish to enroll in the following alternative payment option offered by CMS Electric:

AutoPay

Please debit my monthly balance due from the following bank account:
(MUST INCLUDE VOIDED CHECK WHEN RETURNING FORM)

BANK NAME: _____

BANK ADDRESS: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

I hereby request the alternative payment option indicated above, and authorize CMS Electric Cooperative, Inc., to take the necessary actions to implement this request. I agree to the rules and regulations pertaining to the use of this service.

AutoPay Request: If I have requested enrollment in the AutoPay program, I hereby authorize the Cooperative to debit the bank account indicated above on the 15th day of the month. This agreement applies only to the Cooperative accounts listed above. Any new Cooperative accounts will not be included in this agreement without a signed application. This authority is to remain in full force and effect until the Cooperative has received written notification from me to terminate the service in such a time and in such a manner as to afford the Cooperative a reasonable opportunity to act upon my request for termination. I also agree to give the Cooperative notice of any change to the account I have designated for participation in the AutoPay program at least 30 days prior to the due date shown on my electric bill.

Member Signature Date

