



EnerStar Electric Cooperative

11597 Illinois Highway 1

Paris, Illinois 61944

Telephone: 217-463-4145 or 800-635-4145

www.enerstar.com

Easy Pay Authorization Form:

Monthly Bank Draft or Monthly Credit Card Payments

Date _____

Member Name _____

Address _____

Telephone Number (____) _____ Electric Account Number _____

Easy Pay – Monthly Bank Draft – Complete this section only:

I hereby authorize EnerStar Electric Cooperative and the designated financial institution to begin automatic deductions from my checking or savings account for payment of the monthly electric bill. I understand a copy of the EnerStar billing statement will be sent each month for reference. This authority is to remain in full force and effect until EnerStar Electric Cooperative, my financial institution, or I terminate this agreement in writing in such a time and in such a manner as to afford reasonable opportunity to cancel this agreement.

_____ Checking Account _____ Savings Account (Attach a voided check)

Name of Financial Institution _____

Routing Number _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Member Signature _____

Easy Pay – Monthly Debit or Credit Card Charge – Complete this section only:

I hereby authorize EnerStar Electric Cooperative to automatically charge Visa or MasterCard for payment of the monthly electric billing statement. I understand a copy of the EnerStar billing statement will be sent each month for reference. This authority is to remain in full force and effect until EnerStar Electric Cooperative has received written notification from me of its termination in such a time and in such a manner as to afford reasonable opportunity to cancel this agreement.

Type of Card: Debit Card Credit Card

Card Issuer: Visa Master card

Account Number: _____ - _____ - _____

Expiration Date: Month: _____ Year: _____

Member Signature _____