

**Cooperative Light & Power**  
**Monthly Authorization of Credit Card Payment**

Updated: February 2019

*CLP is an equal opportunity provider and employer.*

Office Use Only  
Account No. \_\_\_\_\_  
Location No. \_\_\_\_\_

On or about the **10<sup>th</sup>** day of each month I authorize Cooperative Light & Power (CLP) and the credit card institution named below to initiate variable debit entries to my account. This authority will remain in effect until I notify CLP to cancel it in such time as to afford CLP a reasonable opportunity to act on it. I can stop payment on any entry by notifying CLP five (5) days before my account is charged. **For your security, you must call CLP to complete the credit card authorization.**

Type of Card:  VISA    Mastercard    AmEx    Discover

_____	_____	_____	_____
Last 4 Digits of Credit Card Number	Expiration Date	Credit Card Billing Zip Code	Date
_____	_____	_____	_____
Name as it appears on card (Please Print)	Home Phone	Mobile Phone	
_____	_____	_____	
Co-op Light & Power Account No.	Signature		

For questions call Co-op Light & Power at 834.2226 or 800.580.5881  
Please return form to Co-op Light & Power, P. O. Box 69, Two Harbors, MN 55616

----- **OR** -----



**Cooperative Light & Power**  
**Monthly Authorization of Auto Pay (Bank Draft)**

Updated: August 4, 2017

*CLP is an equal opportunity provider and employer.*

Office Use Only  
Account No. \_\_\_\_\_  
Location No. \_\_\_\_\_

I authorize Cooperative Light & Power (CLP) and the financial institution named below to initiate variable debit entries to my checking or savings account on the **25<sup>th</sup>** day of each month. This authority will remain in effect until I notify CLP and the financial institution to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying CLP and my financial institution three days before my account is charged. Returned payments will receive a \$30 fee. **All NEW Auto Pay participants will receive a one-time \$10 electric credit when they sign up. Must remain an Auto Pay participant for a minimum of one (1) year.**

_____	_____	_____
Financial Institution Name	Address, City, State and Zip	Phone Number
_____	_____	_____
Member Name (Please Print)	Home Phone	Mobile Phone
_____	_____	_____
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	_____	_____
	Account Number	Financial Institution Routing Number
_____	_____	_____
Member Signature	Date	CLP Account Number

**ENCLOSE A COPY OF A VOIDED CHECK**

For questions call Co-op Light & Power at 834.2226 or 800.580.5881  
Please return form to Co-op Light & Power, P. O. Box 69, Two Harbors, MN 55616