

Cooperative Light & Power
Monthly Authorization of Credit Card Payment

Updated: June 2022

CLP is an equal opportunity provider and employer.

Office Use Only
Account No. _____
Location No. _____

On or about the **10th** 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

CLP Account Number Member (sign here – can be typed or use PDF “fill & sign”)

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: June 2022

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 **25th** 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: Checking Savings _____
Account Number Financial Institution Routing Number

Member (sign here – can be typed or use PDF “fill & sign”) Date CLP Account Number

INCLUDE 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