



## Auto Payment Form

Make payments easy with auto-pay.

Auto Pay ensures your payments are on time, every time, saving you time, hassle, and late fees.

Please fill out the form below and return it to the CLP Office.

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

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

\_\_\_\_\_  
Name as it appears on card (Please Print)

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
CLP Account Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature (Typed or use PDF "fill & sign")

Please return the form to Co-op Light & Power, P. O. Box 69, Two Harbors, MN 55616. For questions call Co-op Light & Power at 834.2226 or 800.580.5881. CLP is an equal opportunity provider and employer. Form Updated: April 2025

OR



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

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.**

Account Type: ☐ Checking ☐ Savings

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Member Name (Please Print)

\_\_\_\_\_  
Address, City, State, and Zip

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
CLP Account Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member Signature (Typed or use PDF "fill & sign")

### INCLUDE A COPY OF A VOIDED CHECK

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