



MAKES PAYING YOUR ELECTRIC BILL EASY!

How to sign up for Automatic Payments:

- Complete the Authorization Payment form below.
- If signing up for Pay by Bank, attach a blank check/savings deposit slip marked "Void".
- Mail to Barton County Electric Cooperative, 91 W Hwy 160, Lamar, MO 64759
- Any questions? Please call 800-286-5636 or 417-682-5636

I (we) authorize Barton County Electric Cooperative, Inc. and the Checking, Savings Account, or Credit/Debit Card to charge payment of my Barton County Electric Cooperative, Inc., bills. Your payment(s) will be made automatically on or around the 15th of the month. Proof of payment will appear with your next statement. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is in effect until revoked by me. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and Barton County Electric Cooperative, Inc., reserve the right to terminate this payment plan, or my participation therein.

- Your request will have been processed when the words "DO NOT PAY – AutoPay" appear on your bill.

PAY BY BANK Authorization

Barton County Electric Account #

Name

Address **City** **State** **Zip**

Name of Financial Institution

Routing Number **Account Number**

Home Phone **Work Phone**

Wireless Phone

Authorization Signature **Date**

**Type your name as you would sign it. By typing your electric signature, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.*



CREDIT CARD Authorization

Barton County Electric Account #

Cardholder Name (As shown on card)

Card Address **City** **State** **Zip**

I wish to use credit card (Please check box)

Credit Card Number

Expiration Date: ___ / ___

Month **Year** **Wireless Phone**

Authorization Signature **Date**

**Type your name as you would sign it. By typing your electric signature, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.*