



# Belgrade Co-op Association

604 Parkway Drive  
P.O. Box 369  
Belgrade, MN 56312

Phone: 320-254-8231  
1-800-352-3389  
Fax: 320-254-3473

## DIRECT PAYMENT APPLICATION

I authorize the Belgrade Co-op to initiate electronic debit entries to my \_\_\_\_ Checking Account (or) \_\_\_\_ Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

CUSTOMER NAME \_\_\_\_\_ SERVICE ADDRESS \_\_\_\_\_

ACCOUNT \_\_\_\_\_ PHONE \_\_\_\_\_

REGULAR PAYMENT DATE: \_\_\_\_\_ PLEASE PICK EITHER THE 15<sup>TH</sup> OR 30<sup>TH</sup> OF EACH MONTH

Withdrawal amount \$ \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FINANCIAL INSTITUTION (PLEASE PRINT) \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION ACCOUNT NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK.**

If it is the same as last year there is no need to do banking info.