



Address: PO Box 611 / 2501 Main Street East
Albert Lea, MN 56007
Phone: (507) 373-6421
Fax: (507) 369-0259
Email: memberservices@fmcs.coop

Automatic Payment Enrollment Form

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Account Number(s): _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH/EFT DEBITS)

I authorize Freeborn-Mower Cooperative Services to debit the checking or savings account entered below for the Account Numbers listed above. I acknowledge that the origination of ACH/EFT transactions to my (our) accounts must comply with the provisions of U.S. law.

I understand the amount owed on my electric account will draft on the due date each month, unless it is on a weekend or holiday in which it will draft the following business day.

Checking _____ **Savings** _____ *Please attach a voided check or savings deposit slip for our records.*

Bank Name & Address _____

Routing Number _____ Account Number _____

This authorization is to remain in effect until Freeborn-Mower Cooperative Services receives notification from me. Its termination is due at least 5 business days before the due date of my electric bill.

Signature(s): _____ **Date:** _____

Please fill in the blanks, sign and return to the following address:

Freeborn-Mower Cooperative Services
PO Box 611
Albert Lea, MN 56007
[Email: memberservices@fmcs.coop](mailto:memberservices@fmcs.coop)