



**Carroll Electric  
Cooperative, Inc.**

Your Touchstone Energy® Cooperative 

# AUTOMATIC BILL PAYMENT

Make your electric payment the easy way.

## Now paying your bill is easy!

Set up an automatic bill payment from your checking or savings account. It's simple and there is no charge for the service. *Check with your bank to make sure it doesn't charge for this convenience.*

### Enrollment is simple:

- Complete the form.
- Attach a voided check.
- Return both with your next payment or mail them to:

Carroll Electric  
P.O. Box 67  
Carrollton, OH 44615

Once enrollment is complete, "automatic bill payment" will appear on your monthly electric billing statement. *This may take up to 30 days to complete.*

Carroll Electric will continue to send a monthly billing statement to you that will arrive around the first of each month. The amount due will be deducted from your bank account on the 10th of the month and transferred to Carroll Electric. *If the 10th falls on a nonworking day, the amount will be deducted on the first working day after the 10th or as soon as practical.*

Members paying their bill by automatic bill payment will know their bill has been paid by the fund transfer that is itemized on the monthly account statement provided by the bank.

In the event that there are insufficient funds in your account, the transaction will be treated like a bounced check. Additional charges should be expected from your bank and Carroll Electric.

## Automatic Bill Payment ENROLLMENT FORM

### Member Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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

### Bank Information

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

Type of Account (check one)  Checking  Savings

Routing Number \_\_\_\_\_

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

*Please send a voided check or savings deposit slip with this authorization.*

I hereby authorize Carroll Electric Cooperative, Inc., to instruct my financial institution to make my payment from the account listed above on or about the 10th of every month for the purpose of paying my electric bill. This authorization will remain in effect until I notify Carroll Electric Cooperative, Inc., in writing of my intent to cancel.

\_\_\_\_\_  
Authorized signature Date

\_\_\_\_\_  
Authorized signature Date

## QUESTIONS?

**1-800-232-7697 or 330-627-2116**

**www.cecpower.coop**