

Automatic Payment Form



Simply print the form, complete the fields, and mail it to the co-op office in Hammond. On-line bill payment is also available.

Automatic payment of your monthly St. Croix Electric Cooperative statement eliminates the need to write and mail checks. It's secure. It's punctual. It's free. Use this form to set up your automatic payment. You can choose to automatically transfer funds from a checking or savings account. You can also set up monthly payments from your credit card account.

Yes! I want St. Croix Electric Cooperative to transfer funds from my **checking or savings account** every month for my electric bill.

I authorize St. Croix Electric Cooperative to instruct my financial institution to make my utility payments from the account listed on the checking or savings slip I will be mailing to the co-op. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will contact the co-op by written notice 7 days prior to payment due date.

Important note: You must mail us a voided check for the checking account or a savings deposit slip for the savings account you want to use.

Payments will not begin until we receive the slip. Our address appears at the bottom of this page. By supplying the slip, you are authorizing this monthly transaction.

You must notify us in writing seven days prior to the due date if and when you want to stop using this service.

Please allow one billing cycle for set up of the automatic payment. Payments will be deducted on the due date or the next business day. You will continue to receive a monthly statement as reference. The words "Auto-Pay" will appear in the upper right box and the withdrawal date will print at the bottom of the "current statement" box.

We accept credit card payments! (Visa or MasterCard only)

One time payments are accepted over the phone. Call 715-796-7000 to make one.

Recurring payments need to be set up through our on-line bill payment system at www.scecn.net. Call us with any questions you may have.

Name:

Email:

Address:

Daytime phone:

Co-op account number:

Send this printed and completed form to:
Forms department
St. Croix Electric Cooperative
1925 Ridgeway Street
Hammond WI 54015

Signature: