



Auto Payment Form

Make payments easy with auto-pay.

Auto Pay ensures your payments are on time, every time, saving you time, hassle, and late fees.

Please fill out the form below and return it to the CLP Office.

Cooperative Light & Power Monthly Authorization of Auto Pay (Bank Draft)

Office Use Only
Account No. _____
Location No. _____

I authorize Cooperative Light & Power (CLP), and the financial institution named below to initiate variable debit entries to my checking or savings account on the **25th** day of each month. This authority will remain in effect until I notify CLP and the financial institution to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment on any entry by notifying CLP and my financial institution three days before my account is charged. Returned payments will receive a \$30 fee. **All NEW Auto Pay participants will receive a one-time \$10 electric credit when they sign up. Must remain an Auto Pay participant for a minimum of one (1) year.**

Account Type: Checking Savings

Financial Institution Name

Financial Institution Routing Number

Account Number

Member Name (Please Print)

Address, City, State, and Zip

Primary Phone

CLP Account Number

Date

Member Signature (Typed or use PDF "fill & sign")

Please return the form to Co-op Light & Power, P. O. Box 69, Two Harbors, MN 55616. For questions call Co-op Light & Power at 834.2226 or 800.580.5881. CLP is an equal opportunity provider and employer. Form Updated: April 2025

ATTACH A COPY OF A VOIDED CHECK