

Enrolling is Easy

To Enroll follow these steps:

- Fill out the attached authorization form
- Enclose a voided deposit slip or a voided or cancelled check from the checking or savings account you'll be using
- Return the completed form and voided slip to Consumers Power Inc. PO Box 1180, Philomath OR 97370

DATE _____

CYCLE # _____

Customer Information

Customer Name _____

Address _____

City _____ State _____ Zip _____

CPI Account Number (s) _____

Daytime Phone # _____

Bank Information

Name on Account _____

Name of Financial Institution _____

Address of Financial Institution _____

City _____ State _____ Zip _____

Account # _____

Routing # _____

(The 9 digit number between the two colons on the bottom of your check)

Important Information

Terms of Agreement: I have an account at the financial institution named and for all debit entries have funds sufficient to pay such entries. Electronic debit or credit entries shall be initiated by Consumers Power Inc. to pay electric bills for the above listed account(s). I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand that my direct electronic payment of the bill amount will be debited on or after the due date indicated on my bill statement.

Joint accounts require the signature of all persons having authority over the account. Account holder(s) please sign here:

Name _____ Date _____

Name _____ Date _____