



Contact the office for questions:

Phone: 541-296-2740 / 800-341-8580

Return completed form to:

Mail: PO Box 1700, The Dalles, OR 97058

Fax: 541-296-7781

Email: CustomerService@wascoelectric.com

RECURRING MONTHLY AUTOMATIC CHECKING AUTHORIZATION FORM

*****A VOIDED CHECK MUST BE ATTACHED TO FORM*****

NAME: _____ ACCOUNT NUMBER: _____
(As it appears on your billing statement) (Wasco Electric Account Number)

NAME ON CHECK: _____

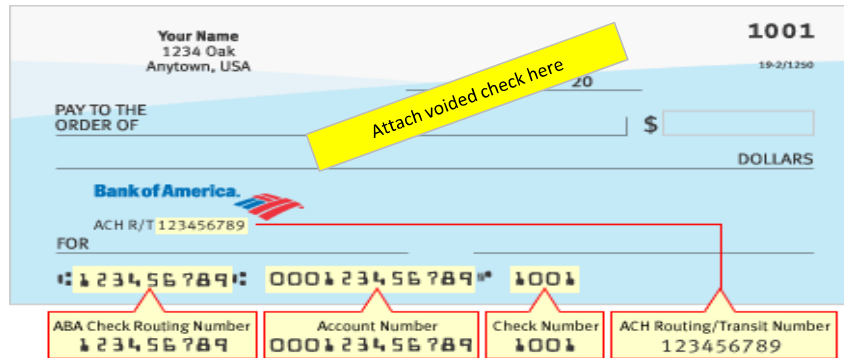
ADDRESS YOU _____

RECEIVE _____

STATEMENTS AT: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____



CHECK ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____

I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT.
I AUTHORIZE WASCO ELECTRIC COOPERATIVE, INC., TO CHARGE MY MONTHLY BILL ON THE DUE DATE UNTIL FURTHER NOTICE.

SIGNATURE _____ DATE _____

INTERESTED IN PAPERLESS BILLING?

PAPERLESS BILLING REQUIRES A ONE-TIME ONLINE PROFILE SET-UP AT WWW.WASCOELECTRIC.COM. ONCE THE ONLINE PROFILE IS SET UP YOU CAN ACCESS YOUR ACCOUNT AND RECEIVE A DETAILED COPY OF YOUR BILL.

☐ YES! SIGN ME UP! EMAIL(S) FOR NOTIFICATION: _____

IMPORTANT!

PLEASE ADD **ONLINE@MAILER.WASCOELECTRIC.COM** TO YOUR ADDRESS BOOK TO ENSURE THAT E-MAILS ARE DELIVERED TO YOUR INBOX.

OFFICE USE ONLY

Date Received _____ Account(s) at zero? _____ SHC _____

Updated by/Notes on Acct _____ / _____ Billing Cycle _____