

**PIERCE PEPIN**  
COOPERATIVE SERVICES  
Live Better.®

Yes, I want to participate in the Automatic Payment Plan.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Member Number \_\_\_\_\_ Start date (if other than next monthly bill) \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_ Account # \_\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No: \_\_\_\_\_ Routing No: \_\_\_\_\_

Type of Account:    Checking (attach **VOIDED check**)    Savings (attach **deposit slip**)

**Authorization** - I authorize Pierce Pepin Cooperative Services to instruct my financial institution to make my payment to them from the account listed above **on or about the due date indicated on my bill (15<sup>th</sup>, 20<sup>th</sup> or 25<sup>th</sup>), or as soon thereafter as possible.** I understand that I control my payments, and if at any time I decide to discontinue this service I will notify Pierce Pepin Cooperative Services **at least 15 days prior to the due date indicated on my bill (15<sup>th</sup>, 20<sup>th</sup> or 25<sup>th</sup>) of the current month** by phone, in writing, or by email. I also understand that Pierce Pepin Cooperative Services has the right to terminate my participation in the Automatic Payment Plan at any time and will notify me of such termination in writing or by email.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**    Pierce Pepin Cooperative Services,  
PO Box 420, Ellsworth WI 54011  
715-273-4355 • 800-924-2133  
www.piercepepin.coop