



Itasca-Mantrap

Your Touchstone Energy® Cooperative 
The power of human connections®

PO Box 192, Park Rapids, MN 56470
218-732-3377 or 1-888-713-3377
www.itasca-mantrap.com

Automatic Payment Form *Checking or Savings account*

Name on electric account

Electric account number

Address

City

State

Zip code

Name of account holder(s)

Routing number

Withdraw from: _____
(Select only one) **Checking account number**
(Please include a voided check)

_____ **Savings account number**
(Please include a deposit slip)

By signing below, I authorize Itasca-Mantrap Co-op. Electrical Ass'n. and the financial institution named above to initiate withdrawals from my checking/savings account. This authorization will remain in effect until I notify Itasca-Mantrap in writing to cancel it. I may stop payment of any entry by notifying my financial institution at least three (3) business days before my account is charged. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature

Date

Phone number

The automatic payment plan is dependable, flexible, convenient and easy. Your payments will be made automatically between the 15th and 20th of the month and proof of payment will appear on your next statement. To enroll, complete and print this form, sign, and submit with a voided check to:
Itasca-Mantrap Cooperative, PO Box 192, Park Rapids, MN 56470.

Print Form

For office use only:

New _____ Existing _____

I-M employee: _____

Effective date: _____

Bank #: _____