



Recurring ACH Payment Authorization

You authorize the payment of your monthly Roughrider Electric Cooperative, Inc. electric bill by charging each payment to your checking/savings account. The payment amount will vary depending on the usage of your electric account(s). You can monitor your usage and billing on your SmartHub account. You will see "Do Not Send Payment" printed on your electric bill in the amount due when this automatic payment plan is in effect.

Please mail completed form to: **800 Highway Dr** or **PO Box 1038**
Hazen, ND 58545 **Dickinson, ND 58602**
Fax to: **701-748-6500** or **701-483-6057**
Email to: info@roughriderelectric.com

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Roughrider Account Number(s): _____

Bank Name: _____ Checking ☐ Savings ☐

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Roughrider Electric Cooperative in writing of any changes to my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of an ACH transaction being rejected for nonsufficient funds, I understand that Roughrider may at its discretion attempt to process the charge again within 30 days and agree to an additional \$25 for each attempt/returned NSF which will be initiated as a separate transaction from the authorized recurring payment. If my automatic payment declines two months in a row it will be cancelled, and I will need to complete new paperwork to reinstate automatic payments on my account. I understand that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____

(Authorized Signature on my account)

Note: Signature must match name on the account

PLEASE attach a voided check or savings deposit slip.