



1409 Main St ~ PO Box 90
Creighton NE 68729
402-358-5112 or 800-578-1060
www.ncppd.com ~ ncentral@gpcom.net

Authorization for Automatic Bill Payment Service

Return this form to North Central Public Power District, PO Box 90, Creighton, NE 68729-0090. For additional information, please call our office at 402-358-5112 or 800-578-1060.

Name: _____ Phone: _____
(As it appears on your monthly electric statement) PLEASE PRINT

Address: _____ City/State/Zip: _____

Financial Institution: _____

Address: _____ City/State/Zip: _____

Account Number: _____ Phone: _____

Please place an "X" by the account you wish to have your monthly electric bill deducted from: _____ Checking
_____ Savings

Please list your account(s) by their Member Separator Number (located on your billing statement) which are to be deducted from the authorized account number indicated above.

Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____
Member Sep No: _____	Member Sep No: _____

IMPORTANT: Please return a voided check with this form to ensure accurate processing.

I here by authorize you to charge my account in the amount of my monthly electric bill and to make that deduction payable to North Central Public Power District. This authorization will remain in effect until I file a new authorization or until I cancel such authorization with written notification.

Date: _____ Signature: _____