



Ready Check authorization

To authorize your bank to pay your electric service bill from your checking account, please **send a VOIDED CHECK with this completed form** to the Otter Tail Power Company at the address below.

Your Otter Tail Power Company account number: _____ - _____

Bank and bank account information

Name on bank account:

First name _____ Middle initial _____

Last name (or business name) _____

Name of your bank _____

Address of your bank _____

City _____ State _____ ZIP _____

Checking account number _____
Enter 9-digit bank routing number Enter bank account number

I authorize my bank to draw against my bank account to pay my monthly electric service bills from Otter Tail Power Company.

I would like to make payments between the _____ and _____ days of each month. (Provide a 10-day window.) Otter Tail Power Company will select a date that falls within 25 days of your billing date.

I also understand that I may cancel this arrangement at any time by giving notice in writing to Otter Tail Power Company.

Signature _____ Date _____
(as shown on bank records)

Your email address _____

Home phone _____ Daytime phone _____

Attach a voided check blank and return to:
PO Box 2002
Fergus Falls, MN 56538 - 2002

Please enroll me in the Even Monthly Payment plan at the same time.

Send me information about Even Monthly Payment.