ACH AUTHORIZATION FORM

Please complete all fields

24 ABBOT AVE SW
MADELIA, MN 56062

507-642-8803
billing@madelialightandpower.com

CUSTOMER INFORMATION	
NAME	MMLP ACCT#
ADDRESS	
CITY, STATE, ZIP	PHONE NUMBER

PAYMENT DETAILS

YOU HAVE 10 DAYS FROM RECEIPT OF YOUR INVOICE TO CONTACT US WITH QUESTIONS. PAYMENTS ARE PROCESSED ON THE 18TH OF THE MONTH, UNLESS THE 18TH FALLS ON A WEEKEND, THEN IT WOULD BE THE FOLLOWING MONDAY.

FINANCIAL INSTITUTION INFORMATION			
FINANCIAL INSTITUTION			
ROUTING NUMBER (9 DIGITS)			
ACCOUNT NUMBER			
ACCOUNT TYPE	☐ PERSONAL		☐ PERSONAL
☐ CHECKING	☐ COMMERCIAL	☐ SAVINGS	☐ COMMERCIAL

I (we) hereby authorize MMLP to initiate monthly debits, beginning next month and thereafter for payment of my electric bill and for the financial institution specified by me, to pay the amount from my checking or savings account. I (we) understand that Madelia Municipal Light & Power and my financial institution reserve the right to terminate this plan or my participation therein. This authority is to remain in effect until revoked by me in writing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Commercial Accounts: Both parties subject to this authorization agree to be bound by the NACHA Operating Rules and Guidelines.

DATE	SIGNATURE