

Heartland Coop Automatic Bill Payment

Automatic Bill Payment is available at Heartland Coop . Heartland Coop’s electronic funds transfer payment plan is a convenient way to pay your cooperative bill. Simply authorize payment to Heartland Coop and your bank will automatically withdraw your monthly payment from your checking or savings account. You save time, effort and postage.

How does it Work?

On the 25th of each month(or the next banking day), we notify your bank or financial institution of the amount to be transferred from your account to pay your cooperative bill. The deduction will show up on your regular bank statement.

How to Sign Up:

Complete and sign the authorization form below and return it to us or bring it into one our locations. **Also, please include a voided check or deposit slip.** Mail to: Heartland Coop, PO BOX 71399, Des Moines, IA 50325-0399



Customer Name: _____

Address: _____ City/State/Zip: _____

Heartland Coop Account Number(s): _____ Telephone: _____

I(we) hereby authorize Heartland Coop to initiate debit entries to my(our) CHECKING_____, SAVINGS_____account(select one) in the financial institution(BANK) named below. I(we) further authorize BANK to debit such entries to my(our) account:

Depository Name(BANK): _____ Branch: _____

Address: _____ City: _____ State: _____ Zip: _____

ABA Routing Number: _____

Bank account number: _____

Bank Telephone number: _____ Checking_____ Savings_____

The total amount due of bill from prior month will be deducted from your account unless other arrangements have been made with the credit manager at Heartland Coop.

The authority will remain in effect until written notice from me(or either of us) of its termination in such time and in such manner to afford Heartland Coop a reasonable opportunity to act on it. Customer assumes responsibility for erroneous information provided in the authorization. Further, I understand that Heartland Coop may, at their discretion, void this agreement if sufficient funds are not available in my account to pay debit and that my account will be charged \$20 service fee for such transaction.

Authorized This _____ Day of _____, Year _____

PRINTED NAME: _____ CO-APPLICANT _____

Signature: _____ Signature: _____

Please allow 2-3 weeks for processing