

**AUTHORIZATION FOR DIRECT PAYMENT**  
**Northwestern Wisconsin Electric Company**

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Checking:  Account #: \_\_\_\_\_ or Savings:  Account #: \_\_\_\_\_

Financial Institution Routing #: \_\_\_\_\_  
9 - digit number on the bottom left of your check

NWE Account #: \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1. Please attach a Voided Check.
2. Please be sure the Authorization for Direct Payment form is signed.
3. Allow 30 days for processing.
4. Mail to Northwestern Wisconsin Electric, P.O. Box 9, Grantsburg, WI 54840.