



Northwestern Wisconsin Electric Company

104 S. Pine Street • PO Box 9

Grantsburg, WI 54840-0009

Phone: 715-463-5371

Fax: 715-463-2765

SELECT ONE OR BOTH OPTIONS BELOW BY SIGNING AND DATING THE AUTHORIZATION(S):

To enroll in paperless billing and/or electronic payment please complete the authorization form and return it to our office. It can be emailed to billing@nweco.com for your convenience.

NWE ELECTRIC ACCOUNT(S) INFORMATION

Name _____ NWE Account # (s) _____

Property Service Address: _____

Email Address: _____

• • PAPERLESS BILLING AUTHORIZATION • •

I hereby authorize Northwestern Wisconsin Electric Company to send my electric bill electronically by email provided above and discontinue paper copies being mailed to me. The received email will only contain the statement total, if details of the statement are needed, an online account would need to be created at www.nweco.com to access those details. I understand that NWE is not responsible for undeliverable emails. I further understand I am required to submit payments by the statement due date regardless if an email is received or not. Past due fees will not be waived if you do not receive an email. It is my responsibility to ensure payment is made in the absence of an electronic bill.

Signature _____ Date _____

• • ELECTRONIC PAYMENT AUTHORIZATION • •

FINANCIAL INSTITUTION INFORMATION: If FINANCIAL INSTITUTION does not authorize transaction, notice will be mailed to member and late applicable charges applied.

Name of Bank _____ Checking Savings

Bank Routing No. _____ Account No. _____

****ATTACH A VOIDED CHECK****

Once you have notified NWE of your interest in the Electronic Payment Plan and have completed this form to authorize Electronic Payment, it may take up to one month to process this information. **Your payment will be made electronically from your financial institution on the due date on the bill. The automatic deduction will appear on your bill as "PAID BY BANK DRAFTED ON" with the date deducted and will appear on your bank statement each month. If you change banks, accounts, or wish to cancel we need to be notified a minimum of six days prior to the automatic deduction date on your bill.**

I hereby authorize Northwestern Wisconsin Electric Company to initiate debit entries to my account indicated above and the financial institution named to debit the same to such account for the amount due on the my electric bill on my given due date.

Signature _____ Date _____