

BRAINERD PUBLIC UTILITIES PAYMENT OPTIONS

We are pleased to offer you the Direct Payment Plan. Now you can have your payment deducted from your checking/savings account or credit card (VISA or MasterCard). If the first two digits of your account number are between 01-10, your payment date will be the 25th of each month. If the first two digits are between 11-18, your payment date will be the 10th of each month. You will still receive your monthly utility billing statement and proof of payment will appear on your monthly bank or credit card statement. This agreement will remain in effect until you notify us in writing to terminate the authorization. Both payment options are dependable, flexible, convenient and easy. To take advantage of one of these services, complete the appropriate form below. If you have any questions about either payment option, please feel free to call our business office at 825-3201.



AUTHORIZATION FOR CREDIT CARD PAYMENT

I authorize **Brainerd Public Utilities** to initiate entries to my VISA or MasterCard credit card account once each month in the amount of my current billing. This authorization will be in effect until written notice is given to either party and BPU must be given a reasonable time to discontinue my participation.



Name: _____
(As it appears on the credit card, PLEASE PRINT)

Address _____ City _____ State _____ Zip Code _____

Visa _____ MasterCard _____ Credit Card No.: _____ - _____ - _____

Expiration Date: ____/____ Signature: _____ Date: ____ - ____ - ____

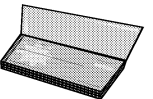
Home Phone Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____

**** PLEASE CALL OUR OFFICE WHEN THE EXPIRATION DATE OR CARD NUMBER CHANGES**** BPU Acct. #: _____ - _____ - _____



AUTHORIZATION FOR DIRECT PAYMENT FROM SAVINGS OR CHECKING

I authorize **Brainerd Public Utilities** and the financial institution named below to initiate entries to my checking/savings account once each month in the amount of my current billing. It usually takes about a month to verify all information with the financial institution. This authorization will be in effect until written notice is given to either party and BPU must be given a reasonable time to discontinue my participation. **DON'T FORGET TO ATTACH A VOIDED CHECK.**



Name of Financial Institution _____ Branch _____

Address _____ City _____ State _____ Zip Code _____

Bank Account No. _____ Checking _____ Savings _____

Name: _____ Service Address: _____
(As it appears at the bank, PLEASE PRINT)

Signature: _____ Date: ____ - ____ - ____

Home Phone Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____

**** PLEASE CALL OUR OFFICE WHEN YOU CHANGE ANY INFORMATION ON YOUR BANK ACCOUNT**** BPU Acct. #: _____ - _____ - _____