

Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT # \_\_\_\_\_

SIOUX VALLEY ENERGY  
SIOUX VALLEY WIRELESS  
AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize the bank named below to deduct from my checking/savings account the amount of my electrical and wireless bill and pay that amount to Sioux Valley Energy. This authority will remain in effect until I notify the bank and Sioux Valley Energy in writing to cancel it in such time as to afford the bank and Sioux Valley Energy reasonable opportunity to act on it. If an automatic payment is returned for non-payment I agree to pay Sioux Valley Energy a handling fee of \$30.00. I understand that the payment will be made monthly from my checking/savings account on the due date of the monthly bill or the next business day.

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS OF FINANCIAL INSTITUTION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

CHECKING ACCOUNT NUMBER \_\_\_\_\_

EFFECTIVE DATE . . . . . \_\_\_\_\_

BANK ROUTING NUMBER . . . . \_\_\_\_\_

(please return this form to the address below with a voided check)

Sioux Valley Energy  
Attn: Billing  
PO Box 216  
Colman SD 57017