

Main Office (406) 883-7900
or (406) 675-7900
Office Fax (406) 883-7919
Warehouse Fax (406) 883-7923
Hot Springs Svc. Ctr. (406) 741-3402



MISSION VALLEY POWER

Post Office Box 97 * 36079 Pablo West Road * Pablo, MT 59855-0097



MVP ACCOUNT NAME: _____

MVP ACCOUNT # _____

MVP LOCATION # _____

PHONE NUMBER _____

I AUTHORIZE MISSION VALLEY POWER TO INITIATE THE FOLLOWING

A transfer for automatic payment of my bill from my bank account each month. (*please check one*)

_____ **4th** or the first working day after the date if it falls on the weekend or holiday.

_____ **20th** or the first working day after the date if it falls on the weekend or holiday.

Checking: Personal ____ Business ____ ***A voided check is required to accommodate your request***

Savings ____ ***A savings deposit slip is required to accommodate your request***

Bank Name/Branch _____

Financial Institution Routing # _____ Account # _____
(Between these symbols : : on the bottom left of your check)

Authorized Signature _____ Date _____

- ◀ ***In the event that payment is returned, there will be a \$35.00 fee added to your account.***
- ◀ ***In the event of two (2) NSF checks within a twelve (12) month period this authorization will be cancelled.***
- ◀ ***If you wish to discontinue this program, you will need to notify Mission Valley Power.***

Contact Geri or Dorrene for any questions at MVP Pablo office 406-883-7900 or 406-675-7900.

CSR Date

Date entered & Initials

