

Main Office (406) 883-7900

Warehouse Fax (406) 883-7923



MVP ACCOUNT NAME: _____

MVP ACCOUNT # _____ BILL RUN _____

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 on the due date

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 MVP office for any questions at 406-883-7900 or 406-675-7900.

CSR Date

Date entered & Initials

