



Electronic Funds Transfer (EFT) Enrollment Form

To enroll in EFT, please complete this form, include a voided check, and return it to Dakota Electric Association at:

Member Services
Dakota Electric Association
4300 220th St. W
Farmington, MN 55024

Once processed, your monthly electric bill will be automatically deducted from your account on the bill's due date.

Member Information

Name on Dakota Electric Account: _____

Address (from Dakota Electric bill): _____

City/State/ZIP: _____ Dakota Electric Account Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Bank Information

Financial Institution: _____ Phone Number: _____

Routing Number: _____ Account Number: _____

Deduct payments from: ☐ Checking ☐ Savings

Authorization

I authorize Dakota Electric Association to deduct my monthly electric bill payment from the account listed above. This authorization will remain in effect until I provide written notice of cancellation.

Signature: _____ Date: _____