

Enrollment Form

To enroll in **Balanced Billing** and/or **Easy-Pay**, fill out the authorization form below. If signing up for **Easy-Pay**, please provide a voided check from your checking account or savings account deposit slip and send it along with your monthly payment. Within two months you will see a message on your bill alerting you that **Balanced Billing** and/or **Easy-Pay** is in effect. If you are signing up for **Easy-Pay** and would like to donate to an energy assistance organization in your area, check the box below and fill in the amount you would like to donate each month.

Authorization Form

Please sign me up for (check one) Balanced Billing Easy-Pay Both

Name(s) shown on MDU bill _____

MDU Account Number _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

Today's date _____

Complete this section only if signing up for Easy-Pay

Financial Institution Name _____

Address _____

Account Number _____

Checking Account Savings Account

Montana-Dakota has the right to cancel my use of Easy-Pay. I will write to Montana-Dakota if I decide to cancel my use of Easy-Pay.

Remember to include a voided check from your checking account or savings account deposit slip.

Signature of Account Holder (s)

Note: If account is in two names, both account holders must sign above.

Please deduct \$_____ each month from my bank account and forward my donation to an energy assistance organization in my area. This will start the same time Easy-Pay takes effect.

**Mail to: Montana-Dakota Utilities Co.
Attn: Customer Service - Annex 3
400 North 4th Street
Bismarck, ND 58501**

Fax to: (701) 323-3104