



DAKOTA ENERGY
COOPERATIVE, INC.
"Service for your way of life"

PO Box 830 | Huron, SD 57350-0830
(605) 352-8591, office | www.dakotaenergy.coop

This institution is an equal opportunity provider and employer.

Dakota Energy offers several payment options

Where and how to pay?

- **In person:** at the Huron or Miller offices between 7:30 a.m. - 4:00 p.m.
- **By mail:** make sure your billing information is enclosed for proper credit.
- **Online:** go to www.dakotaenergy.coop
 - Click on the SmartHub icon or download the SmartHub app for Android or iOS devices. Register or login to your online account to make a credit/debit card payment.
 - Under the Quick Links section, click on the Pay Now. You do not have to register or login to your account to make a credit/debit card payment.
- **Electronic Bill Payment Service:** Many members use their bank or another entity to pay their bills online. We call this service Bill Pay. If you use a bill payment service, please update your online accounts with our name and the account number shown on your bill. Please allow extra time for processing by your financial institution.
- **Automatically:** You can sign up for recurring automatic payment from checking/savings account or credit card. To apply, please fill out the Automatic Bill Payment Authorization form below and mail to: Dakota Energy Cooperative, Inc., P.O. Box 830, Huron, SD 57350.

As always, if you have any questions regarding your bill or energy use, please contact our office at 605-352-8591 or 800-353-8591.



Automatic Bill Payment Authorization

I authorize Dakota Energy Cooperative, Inc. and the financial institution named below to initiate entries to my checking/savings/credit card account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

Date: _____ Dakota Energy Account Number: _____

Please Print Full

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

ACH Withdrawal - Attach a Voided Check

Name of Financial Institution: _____

City, State, Zip Code: _____

Please circle type: Checking Savings

Account Number: _____

Routing Number _____

(Between symbols |: |: on the bottom left on the check)

Withdrawal date: 10th or 25th

Credit Card

Please circle: Visa Mastercard Discover

Name as it appears on the card: _____

Card Number: _____

Expiration Date: _____

Withdrawal date: 10th or 25th

Signature: _____