

2018 Youth Tour Application
I wish to enter the 2018 Iowa Rural Electric Youth Tour contest sponsored by Allamakee-Clayton Electric Cooperative.
Student's Name (print):
Age: Grade: School:
E-mail: Cell:
Mailing Address:
Student's Signature:
We certify that we are the parents or legal guardians of the youth who has signed above and that we give our
permission for him/her to participate in the 2018 Rural Electric Youth Tour Contest and to participate in the
trip to Washington, D.C.
Date: Service#: Phone #:
Signature(s):
ELIGIBILITY REQUIREMENTS: Applicant must be a current high school sophomore or junior whose parents

or legal guardians are members of Allamakee-Clayton Electric Cooperative.



ACEC
PO Box 715
Postville, IA 52162



Applications must be received by Jan. 31, 2018



Make bill pay easy

Have your electric and/or internet bill automatically deducted from your bank account or charged to your Visa or MasterCard.

Direct Pay Checking:

I authorize Allamakee-Clayton Electric Cooperative to deduct my monthly bill(s) from my checking account listed below on a recurring, monthly basis. It is understood that my payment will be processed within 3 business days prior to the due date on my monthly statement and may not exceed the new amount due.

Direct Pay Credit Card:

I authorize Allamakee Clayton Electric Cooperative to charge my credit card account, as identified below, for the amount of my bill(s) on a recurring, monthly basis. It is understood that my payment will be processed within 3 business days prior to the due date on my monthly statement and may not exceed the net amount due. It is further understood that this authority given on the authorization is to remain in effect until removed by me in writing. I understand that both Allamakee-Clayton Electric Cooperative and my financial institution reserve the right to terminate this payment plan or my participation therein at any time.

Indicate your Direct Payment Plan choice by checking one box:		
CHECKING	CREDIT CARD	
Complete the following for checking:	Complete the following for credit card:	
Bank Name	Select Card Type VISA MasterCard	
Please enclose a VOIDED CHECK for the account from which you want payment to be deducted. Voice Name Voi	Name on Credit Card Credit Card Number	
Complete the following: BILLING NUMBER(S)		
Name Phone #(s)		
City	State Zip	
Customer's Signature	Date	
Send completed form to: Allamakee-Clayton Electric Cooperative PO Box 715 Postville, IA 52162-0715		
Please call 1.888.788.1551 if you have questions.		
OFFICE USE ONLY:		
Deposit removed from account(s) Not Applicable	By Date	
Bank draft added to account(s)	By Date	

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