

SECTION 3: ADDITIONAL INFORMATION REQUIRED FROM TRANSMISSION OWNERS

Transmission Owner Name: _____

Who will receive payment? _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Year 2000 FERC 561 Account Charges (\$) *: _____

End of Year 2000 Transmission System Net Book Value (\$) *: _____

Zonal Facilities Charge (ZFC) (\$/kW-month) *: _____

***Please include the appropriate documentation to support these fields. Documentation may include (for calendar year 2000) FERC Form 1, MISO Rate Templates, EIA -412, or RUS Form 12.**

SECTION 4: MONTHLY SETTLEMENT AND BILLING

BILLING INFORMATION FORM

Please complete one "Billing Information Form" for each Market Participant included in this application.

Part I. Settlement Invoices for Market Participants with an Invoice Balance
Accounts Payable Information

Accounts Payable Contact Name and Title: _____

Phone: _____ Fax: _____ E-mail: _____

Company Name: _____ NERC ID: _____

Accounts Payable Billing Address: _____

City: _____ State: _____ Zip Code: _____

Part II. Settlement Deposits for Market Participants with a Revenue Distribution Balance
Accounts Receivable Information

Accounts Receivable Contact Name and Title: _____

Phone: _____ Fax: _____ E-mail: _____

Company Name: _____ NERC ID: _____

Accounts Receivable Billing Address: _____

City: _____ State: _____ Zip Code: _____

SECTION 4: MONTHLY SETTLEMENT AND BILLING

ATTACHMENT 4.1: AUTHORIZATION FOR AUTOMATIC DEBITS AND/OR CREDITS

Please complete two separate authorization forms if the accounts payable disbursement bank account is separate from the revenue distribution deposit bank account. For MISO's reference, please document which account will be used for depositing and which account will be used for withdrawals.

I authorize the Midwest ISO and the bank named below to initiate variable entries to my checking account. This authority will be for the sole purpose of transferring funds related to the Transmission Service Charges or Line Loading Relief procedures incurred or earned by this utility. The authority will remain in effect until I notify the Midwest ISO or the bank in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying the Midwest ISO or my bank three (3) days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my bank statement or forty-six (46) days after posting, whichever occurs first.

Name of Financial Institution: _____

Street Address of Financial Institution: _____

City: _____ State: _____ Zip Code: _____

Checking Account Number: _____ Bank Routing Number: _____

Name of Utility: _____

Street Address of Utility: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Print Name _____

Please attach a voided check to this form