

## Member Charge Card Authorization Form

Member Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: ( \_\_\_ \_\_\_ \_\_\_ ) - \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

Barron Electric Account Numbers: \_\_\_\_\_

Type of Card:  Visa  Mastercard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Month \_\_\_\_\_ Year

If you have more than one account, which account(s) do you want automatically charged?  
(please provide account numbers)

\_\_\_\_\_  
\_\_\_\_\_

Are you currently on Automatic Payment through a checking or savings account?  
 Yes  No

Your payment will be automatically charged to your credit card between the 18<sup>th</sup> and 20<sup>th</sup> of each month.  
**Final Bills will not be paid with automatic payment.**

I agree to pre-authorize Barron Electric Cooperative to automatically bill my monthly power bill against my charge card. I understand that I will receive a copy of my electric bill statement each month as a reference. I recognize that this auto bill program does not include typical credit card charge back rights and procedures and that I will contact Barron Electric Cooperative directly concerning billing disputes.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_