



Automatic Credit/Debit Card Form

Member Name: _____

Account Number(s): _____

Credit/Debit Card Information

Visa

Mastercard

Discover

Card Number: _____

Expiration Date: _____

3 Digit Security Code: _____

Cardholder Name: _____

Credit/Debit Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize Calhoun County Electric Cooperative to debit my credit/debit card for payment of my monthly electric bill plus a convenience fee. This authorization is to remain in effect until revoked by me in person or writing. It will be my responsibility to make sure the credit/debit card information is kept updated.

Signature of Member: _____ Date: _____

Please email this form to info@calhounrec.coop, mail or drop off at our office.