

**Calhoun County Electric Cooperative Association
1015 Tonawanda, PO Box 312
Rockwell City, IA 50579**

**Monthly Recurring Credit/Debit Card Payment
Authorization Agreement**

CREDIT / DEBIT CARD INFORMATION

___ VISA

___ MASTERCARD

___ DISCOVER

Card Number: _____

Expiration Date: ____ / ____

Three Digit Security Code _____ (On back of card)

Cardholder Name: _____

(As it appears on card)

CREDIT / DEBIT CARD BILLING ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

Authorization

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.

Cardholder Signature: _____

Date: _____

Electric Account Name: _____

Electric Account #: _____

Phone #: _____

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