

Credit Card Authorization Form

I authorize Ravalli County Electric Cooperative, Inc. to initiate variable entries to my credit card identified below for payment of my electric bills. In making this authorization, I agree to all the terms on the bottom of this form.

Name (As it appears on electric bill)

Address

Ravalli County Electric Account Number

Please Check one:

Visa

MasterCard

American Express

Discover

Exp. Date _____

Credit Card Number

Authorized Signature

Home Phone

Work Phone

The Cardholder is responsible for notifying Ravalli Electric of the new expiration date when a credit card has been renewed or if a card has been cancelled or revoked.

I understand that Ravalli County Electric reserves the right to terminate this payment plan or my participation therein.