

**BAYFIELD ELECTRIC COOPERATIVE
CREDIT CARD AUTHORIZATION FORM**

Member Name
Home Address

Home Telephone Number

Account Number (s)

If you have more than one account, please list all account numbers that you want automatically charged to your credit card each month.

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

Each month you will receive your electric bill around the 25th of the month. Your payment stub will indicate your credit card payment. Then either on the due date or within a couple of days of that date, your payment will automatically be posted on your credit card bill (no receipt will be sent/proof of payment will appear on your credit card statement) and your electric bill will show a zero balance.

If you have any questions about your bill, just call within ten (10) days of the billing date.

Type of Card
 Visa
 MasterCard

Credit Card Account Number ____ - ____ - ____ - ____
Expiration Date: Month: ____ Year: ____

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

Signature

Print Name

Date
