

June 16, 2014

Account #

Cycle #

Name

Address

Address

Dear Greetings :

We have received your request to automatically charge your credit card each month. Please complete the required information below, sign and return this letter to us in the enclosed envelope.

Please circle one MASTERCARD VISA

Credit Card Number _____

Expiration Date _____

Daytime Phone Number _____

Thank you for your cooperation.

I HEREBY AUTHORIZE CHOPTANK ELECTRIC COOPERATIVE, INC. TO CHARGE MY CREDIT CARD ACCOUNT EACH MONTH. I WILL INFORM THEM OF MY NEW EXPIRATION DATE AND/OR CANCEL MY REQUEST AS NECESSARY.

DATE

SIGNED

Respectfully,

Your Name

Job Title