

# Recurring Bill Payment Authorization

I (we) hereby authorize **INTERCOUNTY ELECTRIC COOPERATIVE ("INTERCOUNTY")**, to initiate charges to my CREDIT card which is the type listed below:

\_\_\_\_\_ VISA

\_\_\_\_\_ MASTERCARD

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV2 Number: \_\_\_\_\_ (Three digit code listed on the reverse side of your credit card)

Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YEAR

It is understood that this agreement may be terminated by either myself or **INTERCOUNTY** at any time up to three business days before the 8th of the month by written notice to the other party. Any such notification to **INTERCOUNTY** will be effective only with respect to entries initiated after receipt of such notification. It is understood that charges will be made to the above listed account on a monthly basis until the electric account is closed or above listed card expires.

It is understood that it is my responsibility to notify **INTERCOUNTY** of any billing discrepancies 6 days prior to the 8th of the month.

It is understood that I (we) will contact **INTERCOUNTY** each time the above listed card expires. If I (we) fail to contact **INTERCOUNTY** prior to the expiration date of the card listed above and the transaction is not able to be processed, I (we) agree to pay any late charges that may be applicable.

\_\_\_\_\_  
Account Holder's Name(s)

*Please Print*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

Please list all accounts to be paid with  
above listed card:

_____
_____
_____
_____
_____
_____