

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 15th 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 15th 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:

