



AUTHORIZATION FORM FOR CREDIT CARD BILLING

I (we) hereby authorize Comanche Electric Cooperative Association, hereinafter called COMPANY, to initiate debit entries to the MasterCard or Visa account indicated below.

Name on CECA Account:

Account Number(s):

Choose Card:

Choose Draft Date:

Credit/Debit Card Number:		
Expiration Date:	3 Digit Code:	Billing Zip Code:
Name on the card:		

This authority is to remain in full force and effect until the Company and Issuing Bank of credit card has received written notification from me (either of us) of its termination in such time and in such manner as to afford Company and Issuing Bank a reasonable opportunity to act on it.

Your balance due will be debited on the due date of your electric service as stated on your bill. If you wish for the amount to be debited on any date other than that referenced above, your payment may be subject to being delinquent, as our due dates are arranged according to cycle.

Member Signature

Date