

# AUTOMATIC CREDIT CARD WITHDRAWAL PROGRAM

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Chase City    Emporia    Gretna

Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Visa /Mastercard/Discover

Expiration Date: Month: \_\_\_\_ Year: \_\_\_\_

I agree to pre-authorize Mecklenburg Electric Cooperative to automatically bill my monthly power bill to the above mentioned credit card. I understand that I will receive a copy of my co-op bill each month as a reference. I recognize that this Auto Bill program does not include credit card charge back rights and procedures and that I will contact the co-op directly concerning billing disputes.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN TO:    MECKLENBURG ELECTRIC COOPERATIVE  
C/O - PRISCILLA LAWSON  
P O BOX 2451  
CHASE CITY, VA 23924  
434-372-6137 – PHONE  
434-372-6114 – FAX  
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