

PRINCE GEORGE ELECTRIC COOPERATIVE
AUTHORIZATION FOR AUTOMATIC PAYMENT BY CREDIT CARD

Name(s) on Electric Account _____

Name as shown on credit card _____

Mailing Address for Credit Card Statement _____

____ VISA ____ MasterCard ____ Discover

_____ - _____ - _____ - _____ Exp. Date _____

RESPONSIBILITY STATEMENT:

I accept the responsibility to notify Prince George Electric Cooperative on any changes to my credit card status such as cancellation by me or the Credit Card Company, expiration without continuing renewal, change of credit card company or account number, or change in authorized signatures.

Failure of my credit card company to pay any charges made under this agreement does not relieve me of responsibility for any late charges that may result.

Signature of Electric Account Holder

Date

Signature of Cardholder

Date

FOR OFFICE USE ONLY

COOPERATIVE ACCEPTANCE:

This agreement will be effective with the first automatic payment by credit card in the month of _____.

Cooperative Representative

Date

Electric Account Number _____

6/07

Prince George Electric Cooperative
P O. Box 2200
Prince George, Va. 23875