

**AUTHORIZATION FOR AUTOMATIC CHARGE TO DEBIT/CREDIT CARD**

**To have your bill automatically debited/charged to a Master Card, VISA or Discover card print this form. Complete and sign the form and return it to: Oconto Electric Cooperative, PO Box 168, Oconto Falls WI 54154**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ OEC Acct Number \_\_\_\_\_

Please circle:          MasterCard          VISA          Discover

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize Oconto Electric Cooperative to debit/charge the above names debit/credit card account for the payment of my monthly bill. This authorization will remain in effect until revoked by above named party, financial institution, or Oconto Electric Cooperative. I understand that I may cancel the Automatic Payment Plan by notifying Oconto Electric Cooperative in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_