



# Adams Electric Cooperative

700 East Wood, P.O. Box 247, Camp Point, IL 62320-0247 • (217) 593-7701 • Fax: (217) 593-7120 • www.adamselectric.coop

Month /Yr to start \_\_\_\_\_  
Acct # (s) \_\_\_\_\_

Please complete and return this form in the enclosed self-addressed envelope. Your credit/debit card will be charged the amount due on your electric bill (s) every month until we are notified differently.

## Credit/ Debit Card Member Auto Bill Signup Form

Member Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Type of Credit/ Debit Card: ( ) Visa ( ) Mastercard ( ) Discover

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

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

Electric Account Names to be Credited (if name is different from above):

\_\_\_\_\_

I agree to pre-authorize my Cooperative utility to automatically bill my monthly power bill against my credit/debit card. I recognize that this Auto Bill program does not include typical credit/debit card chargeback rights and procedures and that I will contact the Cooperative directly concerning billing disputes. I will also notify the Cooperative with any changes in credit/debit card account numbers and *expiration dates*. If I choose not to use my credit/debit card on a monthly basis I will call the Cooperative *before paying in some other manner*.

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

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

Date: \_\_\_\_\_