

Preauthorized Credit Card Payment Agreement

Name _____ SWCE Account # _____
(please print as it appears on SWCE statement) (use a separate form for each account)

Social Security Number _____ Zip code _____

Home Phone # () _____ Work Phone # () _____

Select one: VISA _____ MasterCard _____ Credit card # _____

Cardholder Name: _____ Expiration date: _____

I authorize Steele-Waseca Cooperative Electric to initiate entries to the above credit card for the payment of services. This authority will remain in effect until I notify Steele-Waseca in writing. Notification must be made in such time as to afford Steele-Waseca reasonable time to act on it.

Authorized Signature _____ Date _____