## **Preauthorized Credit Card Payment Agreement**

'	•
Name (please print as it appears on SWCE statement)	SWCE Account # (use a separate form for each account)
SS#/DOB (MTH/DAY/YR)	Zip code
Home Phone # ( ) Work	x Phone # ( )
Select one: Visa MC DS Credit card #	
Cardholder Name:	Expiration date:
I authorize Steele-Waseca Cooperative Electric to initiate entries to services. This authority will remain in effect until I notify Steele-Win such time as to afford Steele-Waseca reasonable time to act on it	Vaseca in writing. Notification must be made
Authorized Signature	Date