

# Credit Card Authorization

I hereby request the Wheatland Rural Electric Cooperative to collect the balance of my account(s) with the following:

Please Circle: VISA, MASTERCARD, DISCOVER, or AMERICAN EXPRESS

Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

\*\*Please note there is a 2.45% Convenience Fee for each transaction utilizing this service.

In the event that I should default in my monthly payment(s), I agree that any balance due, shall become due and payable at once and will automatically void this Authorization.

It is further agreed that I may terminate this Authorization at any time, by notifying you in writing.

Member \_\_\_\_\_

Date \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Account # \_\_\_\_\_