

**TRAVERSE ELECTRIC COOPERATIVE, INC**

**PO Box 66  
Wheaton, MN 56296  
800-927-5443  
Fax 320-563-4863**

**Monthly Recurring Credit/Debit Card Payment  
Authorization Agreement**

**CREDIT / DEBIT CARD INFORMATION**

VISA

MASTERCARD

DISCOVER

Card Number: \_\_\_\_\_

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

Three Digit Security Code \_\_\_\_\_ (On back of card)

Cardholder Name: \_\_\_\_\_  
(As it appears on card)

**CREDIT / DEBIT CARD BILLING ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

**Authorization**

I hereby authorize Traverse Electric Cooperative to debit my credit/debit card for payment of my monthly electric bill on the due date each month. This authorization is to remain in effect until revoked by me in person or writing.

It will be my responsibility to make sure the credit/debit card information is kept updated.

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

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

Electric Account Name: \_\_\_\_\_

Electric Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please mail, fax, or bring this form to Traverse Electric Cooperative.