

**AUTHORIZATION AGREEMENT
FOR
AUTOMATIC CREDIT CARD PAYMENTS
Residential Customers Only ** Bills cannot exceed \$1,200 per month ****

I (We) hereby authorize Arkansas Valley Electric Cooperative Corporation to initiate charge entries to my (our) credit card account indicated below.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address _____

Phone Number: _____ Cell Number: _____

(For security reasons and to complete set up--we will call to get the CVV2 CODE once this form is received back in our office.)

Credit Card Name: _____

(Only VISA or MASTER CARD accepted)

Credit Card Acct. # _____

Name on Credit Card: _____

Expiration Date: _____

This authority is to remain in full force and effect until the Cooperative has received written notification from me (or either of us) requesting termination in such time and manner as to afford Cooperative a reasonable opportunity to act on it. I (we) will have fourteen (14) days from the date my bill is mailed, to contact Arkansas Valley Electric Cooperative Corporation and stop the deduction if I (we) have questions or feel an error has been made. Arkansas Valley Electric Cooperative Corporation reserves the right to terminate this draft service (or my participation therein).

Date: _____ Signature: _____

Date: _____ Signature: _____

ACCOUNT #: _____

LOCATION #: _____

Forms can be emailed to aweseman@avecc.com