

**Arkansas Valley  
Electric Cooperative**



208 S. 17<sup>TH</sup> St. · P.O. Box 47 · Ozark, Arkansas 72949  
Telephone (479) 667-2176

**AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENTS**

**\*\*\* Bills cannot exceed \$2500 in 25-day period- VISA, MASTERCARD, DISCOVER & AMX\*\*\***

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: \_\_\_\_\_

**(To complete set up, we will call you to get the CVV2 code)**

Credit Card Name: \_\_\_\_\_

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: \_\_\_\_\_

---

(THIS PORTION TO BE COMPLETED BY ARKANSAS VALLEY ELECTRIC)

ACCOUNT #: \_\_\_\_\_ LOCATION #: \_\_\_\_\_

AVECC REPRESENTATIVE: \_\_\_\_\_

**PLEASE MAIL THIS FORM TO ADDRESS ABOVE OR BRING INTO AN OFFICE**