

**Arkansas Valley
Electric Cooperative**



208 S. 17TH 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

