

# AUTOMATIC CREDIT CARD WITHDRAWAL PROGRAM

Account #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Chase City    Emporia    Gretna

Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Visa /Mastercard/Discover

Expiration Date: Month: \_\_\_\_ Year: \_\_\_\_\_

I agree to pre-authorize Mecklenburg Electric Cooperative to automatically bill my monthly power bill to the above mentioned credit card. I understand that I will receive a copy of my co-op bill each month as a reference. I recognize that this Auto Bill program does not include credit card charge back rights and procedures and that I will contact the co-op directly concerning billing disputes.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Return To Your Local District Office:

Gretna District  
P O Box 617  
Gretna, VA 24557  
434-656-1288

Chase City District  
P O Box 2451  
Chase City, VA 23924  
434-372-6200

Emporia District  
P O Box 427  
Emporia, VA 23847  
434-634-6168

PLEASE CONTINUE TO MAKE YOUR PAYMENTS AS NORMAL UNTIL YOU SEE "THIS BILL WILL BE CHARGED TO YOUR CREDIT CARD" PRINTED ON YOUR BILLING STATEMENT.