



Cullman Electric Cooperative
providing energy with care

A Touchstone Energy® Cooperative 

For Office Use Only

Due Date _____

Control _____

Setup _____

Cullman Electric Cooperative Credit Card Draft Payment Sign Up Form

Member Name _____

Home Address _____

Type of Credit Card () Visa () MasterCard () Discover

Name As Appears on Credit Card _____

Credit Card Account Number _____

Expiration Date: Month _____ Year _____

Home Telephone _____ Alternate Telephone _____

I agree to pre-authorize Cullman Electric Cooperative to automatically bill my monthly power bill against my credit card. I understand that I will receive a copy of my bill each month as a reference. I recognize this program does not include typical credit card charge back rights and procedures, and that I will contact Cullman Electric Cooperative directly concerning billing disputes.

Member Signature _____

Date _____

Cullman EC Account Name (As listed on bill) _____

Cullman EC Account Numbers(s) To Be Drafted _____
