



## Credit Card Draft Authorization Form

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Utility Account Number (s)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name as it appears on Card

**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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**For Office Use Only**

MSR: \_\_\_\_\_ Penalty Exempt: \_\_\_\_\_