



**Cullman Electric
Cooperative**

For Office Use Only Due Date : Member # : Setup Date :

**Co-op Power Plus™
Customer Auto Bill SignUp Form**

Customer Name:	
Mailing Address:	
Type of Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
3 Digit Security Code (located on back of card)	
Name as it appears on Card:	
Credit Card Account Number:	
Expiration Date:	
Home Telephone Number:	

I agree to pre-authorize my cooperative utility to automatically bill my monthly power bill against my 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 typical credit card charge back rights and procedures and that I will contact the co-op directly concerning billing disputes.

Customer Signature _____

Date:	
CEC Account Name As Listed On Bill :	
CEC Account Number(s) To Be Drafted :	

FOR OFFICE USE ONLY

MSR: _____ **PENALTY EXEMPT:** _____ **DATE:** _____