



Contact the office for questions:

Phone: 541-296-2740 / 800-341-8580

Return completed form to:

Mail: PO Box 1700, The Dalles, OR 97058

Fax: 541-296-7781

Email: CustomerService@wascoelectric.com

RECURRING MONTHLY CREDIT CARD PAYMENT AUTHORIZATION FORM

NAME: _____
(As it appears on your billing statement)

ACCOUNT NUMBER: _____
(Wasco Electric Account Number)

NAME ON CARD: _____

ADDRESS YOU RECEIVE STATEMENTS AT: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CREDIT/DEBIT CARD INFORMATION
Cards that are "debit only" are not accepted.

| | |
|------------------------|----------------|
| Visa _____ | Exp Date _____ |
| MasterCard _____ | Exp Date _____ |
| Discover _____ | Exp Date _____ |
| American Express _____ | Exp Date _____ |



I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT. I AUTHORIZE WASCO ELECTRIC COOPERATIVE, INC., TO CHARGE MY MONTHLY BILL ON THE DUE DATE UNTIL FURTHER NOTICE.

SIGNATURE _____

DATE _____

INTERESTED IN PAPERLESS BILLING?

PAPERLESS BILLING REQUIRES A ONE-TIME ONLINE PROFILE SET-UP AT WWW.WASCOELECTRIC.COM. ONCE THE ONLINE PROFILE IS SET UP YOU CAN ACCESS YOUR ACCOUNT AND RECEIVE A DETAILED COPY OF YOUR BILL.

YES! SIGN ME UP! EMAIL(S) FOR NOTIFICATION: _____

IMPORTANT!

PLEASE ADD **ONLINE@MAILER.WASCOELECTRIC.COM** TO YOUR ADDRESS BOOK TO ENSURE THAT E-MAILS ARE DELIVERED TO YOUR INBOX.

OFFICE USE ONLY

Date Received _____ Account(s) at zero? _____ SHC _____

Updated by/Notes on Acct _____ / _____ Billing Cycle _____