



Return form to: PO Box 1700, The Dalles, OR 97058
541-296-2740 / 800-341-8580

RECURRING MONTHLY CREDIT CARD PAYMENT AUTHORIZATION FORM

NAME _____ ACCOUNT NUMBER _____
(As it appears on your billing statement) *(Wasco Electric Account Number)*

NAME ON CARD _____

ADDRESS YOU RECEIVE STATEMENTS _____

PHONE NUMBER _____

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 _____

OFFICE USE ONLY

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

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