

For Office Use Only
Due Date _____
Control _____
Setup _____



Cullman Electric Cooperative
providing energy with care

Co-op Power Plus™
Customer Auto Bill SignUp Form

Customer Name _____

Home Address _____

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

3 Digit Security Code (located on back of card) _____

Name As Appears On Credit Card _____

Credit Card Account Number _____

Expiration Date: Month _____ Year _____

Home Telephone _____ **Alternate Telephone** _____

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 _____
