



1210 W. JACKSON STREET, P.O. BOX 352 | MACOMB, IL 61455
PHONE 309.833.2101 | FAX 309.833.2104
WWW.MCDONOUGHPOWER.COM

CREDIT CARD DRAFT AUTHORIZATION FORM

Member Name: _____

Member Address: _____

Member Account Number(s) to be drafted: _____

Type of Credit Card: Visa MasterCard

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

Name As Appears On Credit Card: _____

Credit Card Account Number: _____

Expiration Date: **Month** _____ **Year** _____

Credit Card Billing Zip Code: _____

Home Phone _____ **Alternate Phone** _____

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.

Member Signature

Date

<i>Office Use Only</i>
Entered by: _____
Date Entered: _____