



30208 US Hwy 136 * PO Box 757
Maryville MO 64468
800-748-1488 * FAX (660) 582-2837

401 N Hwy 71 * PO Box 319
Savannah MO 64485
800-748-1488 * FAX (816) 324-3157

AUTHORIZATION TO PAY FIBER BILLS BY DEBIT OR CREDIT CARD

Date: _____ Account # _____ Services To Be Put On Auto Pay: Fiber _____

Date to be deducted from bank account (please circle one): 9th 20th

Type Of Card: DEBIT _____ CREDIT _____

Card Type: Visa _____ Mastercard _____ American Express _____ Discover _____

Card # _____ Expiration Date: _____

Name On Card: _____

Billing Address For Card: _____

City: _____ State: _____ Zip: _____ Phone # _____

FINANCIAL INSTITUTION PAYMENT PLAN FOR ELECTRIC ACCOUNTS

I (we) hereby authorize United Electric Cooperative, Inc., to pay and to charge my (our) account. I (we) further authorize the Financial Institution named above to pay my monthly bills on the date specified above, or the next working day if it falls on a weekend by charging each payment to my account. This authority is to remain in effect until revoked by me in writing. Until you receive and have had reasonable time to act on such notice, you shall be fully protected in honoring any United Electric Cooperative, Inc., debit against my account. I (we) understand, however, that both the Financial Institution and United Electric Cooperative, Inc., reserve the right to terminate this payment plan (or my participation therein).

Date

Signature of Card Holder

Mail To:
United Electric Cooperative, Inc.
PO Box 319
Savannah, MO 64485

Office Use Only:
Date Effective: _____
Received By: _____

Fax To: 816-324-3157

Email To: contact@ueci.coop