



# UNITED ELECTRIC COOPERATIVE

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 ELECTRIC/SEWER BILLS BY DEBIT OR CREDIT CARD

**Date:** \_\_\_\_\_ **Account #** \_\_\_\_\_ **Location #** \_\_\_\_\_

**Services To Be Put On Auto Pay:** Electric \_\_\_\_\_ Sewer \_\_\_\_\_

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

**Type Of Card:** DEBIT \_\_\_\_\_ CREDIT \_\_\_\_\_

**Card Type:** Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_

**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 9<sup>th</sup> of each month, 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](mailto:contact@ueci.coop)