Mora-San Miguel Electric Cooperative, Inc.

Credit Card Authorization Form

P.O. Box 240 Mora, New Mexico 87732-0240

(575) 387-2205 (Mora) fax: (575) 387-5975

(505) 757-6490 (Pecos) (505) 757-6647

Name: _____ Telephone Number: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Credit Card: _____ VISA Credit Card Number: _____ Exp. Date: ____/____
month year

_____ MASTERCARD Credit Card Number: _____ Exp. Date: ____/____
month year

Name on Credit Card: _____

Account Number (s) _____

_____

_____

Monthly payments will be applied two to three working days before due date.

I hereby authorize Mora-San Miguel Electric Cooperative, Inc. to deduct my monthly billing amount from my credit card as specified above. I understand that if meter readings are required, I am responsible for calling MSMEC with my monthly meter reading or I will mail them in.

I will notify MSMEC of any changes to my credit card information. Failure to notify will result in removal from the plan and I will be responsible for making payments. It is further agreed that I may terminate this authorization at any time, by notifying you in writing.

_____ _____

Signature of Cardholder Date