Vermont Electric Cooperative, Inc
Auto Pay Authorization

Name on Account (please print): _____

Mailing Address: _____

Daytime Contact Number: _____

VEC Account Number(s): _____

Please choose ONE of the following for Auto Pay:

Credit Card Authorization

Monthly Limit: $2500.00

Credit Card Type: _____ VISA _____ Mastercard _____ Discover

1

Name on Credit Card: _____

Billing Address on Card: _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

OR

Bank Draft Authorization

Bank Name: _____

2

Bank Address: _____

Bank ABA/Routing Number: _____

Checking/Savings Account Number: _____

****PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM****

I authorize VEC to deduct charges for my monthly electric bill(s) from my checking/savings account or credit card ***14 days after the billing statement date.*** *I understand that I control my payments, and, if at any time I decide to discontinue this payment process, I will notify VEC by contacting the member service department either in writing or by phone at 1-800-832-2667.*

Authorization Signature: _____ Date: _____

Please mail the completed form to Vermont Electric Cooperative, 42 Wescom Rd, Johnson, VT 05656

DO NOT EMAIL OR FAX THIS FORM TO VEC

Office Use Only: Initials _____ Date _____