



Recurring Debit/Credit Card Customer Auto Bill Signup Form

Name: (as it appears on your bill) Please Print

Tri-County Electric Account Number(s) to be included in Auto billing

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

Account Number: - - - -

Card: VISA MASTERCARD (Circle one) Expiration Date: Month: Year:

I agree to authorize Tri-County Electric Cooperative to automatically bill my monthly power bill to my debit/credit card. I understand that I will receive a copy of my co-op bill each month as reference unless I have signed up for an E-billing account at which time I will no longer receive paper bills. I recognize that this Auto Bill program does not include typical debit/credit card chargeback rights and procedures and that I will contact the co-op directly concerning billing disputes. Call us at 1-800-432-2285 if you have any questions.

Please continue to pay your account as in the past until your statement indicates the change or it has been confirmed as completed with our office.

Print Name: _____

Signature: _____

Date: _____

Please complete and return to: Tri-County Electric Cooperative
31110 Cooperative Way
PO Box 626
Rushford, MN 55971