



# KIT CARSON ELECTRIC COOPERATIVE, INC.

A Touchstone Energy® Cooperative  
The power of human connections®



(575) 758-2258 • (800) 688-6780 • Fax: (575) 758-4890 or (575) 758-4611 • www.kitcarson.com

## Authorization

I hereby authorize KIT CARSON ELECTRIC COOPERATIVE, INC to charge my monthly electrical bill against my credit card described below:

### American Express:

Card No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV2Code: \_\_\_\_\_ Zip Code for CC Billing Address: \_\_\_\_\_

### Discover:

Card No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV2Code: \_\_\_\_\_ Zip Code for CC Billing Address: \_\_\_\_\_

### MasterCard:

Card No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV2Code: \_\_\_\_\_ Zip Code for CC Billing Address: \_\_\_\_\_

### Visa:

Card No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV2Code: \_\_\_\_\_ Zip Code for CC Billing Address: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Cardholder's Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Member's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Member Sep#: \_\_\_\_\_

### **BLACK INK ONLY**

Please check all that apply: \_\_\_\_\_ Electric \_\_\_\_\_ Internet \_\_\_\_\_ Other

Cycle: \_\_\_\_\_ Completed by: \_\_\_\_\_