

Print out the following authorization form and return it to:

Wheatland REA.  
2154 South St.  
Wheatland, WY 82201

Wheatland Rural Electric Association  
Credit Card Authorization Form

I (we) hereby authorize Wheatland REA to collect the balance of my account/accounts with the following VISA or MASTERCARD.

Account number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 20\_\_\_\_\_.

Please Check one: VISA\_\_\_\_\_; MASTERCARD\_\_\_\_\_.

In the event that I should default in my monthly payment/payments, I agree that any balance due, shall become due and payable at once and will automatically void this Authorization. It is further agreed that I may terminate this Authorization at any time, by notifying you in writing.

Date:\_\_\_\_\_

Signature:\_\_\_\_\_

PLEASE PRINT

Name:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Electric Account Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_