

## 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

118 Cruz Alta Road • P.O. Box 578 • Taos, New Mexico 87571-0578

## **BANK DRAFT/CREDIT CARD AUTHORIZATION**

Mailing Address	Name	<del>.</del>
Phone# E-mail	Mailing Address	
Mem Sep#(s)	City State	Zip
If requesting Bank Draft, please attach a copy of a voided check to assure proper bank coding for payment transfer. If KCEC is notified of Non-Sufficient Funds (NSF), there is a \$20.00 fee that will be charged to your KCEC account.  Checking/ Savings Account  Credit Card  Checking Savings MasterCard  Discover Amex  Credit/Debit Card #  Cardholder Name  Exp. Date  Exp. Date  Security Code  Credit Card Billing Zip Code  I hereby authorize Kit Carson Electric Cooperative to charge my monthly Electric bill to my credit card or bank account information specified above.  *Note: The account will be deducted on the due date specified on the monthly statement.  Signature  Date  Office Use Only1	Phone# E-mail	
bank coding for payment transfer. If KCEC is notified of Non-Sufficient Funds (NSF), there is a \$20.00 fee that will be charged to your KCEC account.  Checking/Savings Account  Credit Card  Visa   MasterCard   Discover   Amex   Cardholder Name   Exp. Date   Exp. Date   Credit Card Billing Zip Code   I hereby authorize Kit Carson Electric Cooperative to charge my monthly Electric bill to my credit card or bank account will be deducted on the due date specified on the monthly statement.  Signature   Date   Office Use Only:	Mem Sep#(s)	
Checking	bank coding for payment transfer. If KCEC is notified of Non-Sufficient Funds (NSF), there is	
Discover	Checking/ Savings Account	Credit Card
Bank Routing # Cardholder Name Exp. Date Security Code Credit Card Billing Zip Code Credit Card Billing Zip Code Credit Card or bank account information specified above.  *Note: The account will be deducted on the due date specified on the monthly statement.  Signature Date	☐ Checking ☐ Savings	☐ Visa ☐ MasterCard
Bank Account # Bank City/State Security Code Credit Card Billing Zip Code  I hereby authorize Kit Carson Electric Cooperative to charge my monthly Electric bill to my credit card or bank account information specified above.  *Note: The account will be deducted on the due date specified on the monthly statement.  Signature Date  Office Use Only:	Name on Acct	☐ Discover ☐ Amex
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Office Use Only:	credit card or bank account information specified above.	
Valid (All Association and Control of Contro		Date
B	Office Use Only:	
Processed by Date	Processed by	Date