West Florida Electric
A Touchstone Energy® Cooperative
The power of human connections

CREDIT CARD DRAFT AUTHORIZATION

In order for West Florida Electric Cooperative (WFEC) to accept and bill your credit card on a reoccurring basis, please complete this form. Each Credit Card Draft Authorization form must be mailed to the address provided in its own envelope or returned to a cashier in the Graceville office.

Attn: Supervisor of Billing
West Florida Electric Cooperative
P.O. Box 127
Graceville, FL 32440

WFEC ACCOUNT INFORMATION

WFEC Account Number(s): _____

Name(s) listed on bill: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Cell: _____

Other Daytime: _____

Email Address: _____

AUTHORIZATION

I hereby authorize WFEC to automatically charge my monthly electric payment(s) to the credit card information provided. If the billing date falls on a weekend or holiday, I understand that the payment(s) will be executed prior to the due date. I also understand that I will continue to receive a copy of my billing statement(s) each month as a reference. I further understand that this authorization will remain in effect until I cancel it in writing. I agree to notify WFEC in writing of any changes in my credit card information or termination of this authorization at least 15 days prior to the next billing date. I recognize that this agreement does not include credit card charge back rights and procedures and that I will contact WFEC directly concerning any billing disputes. I guarantee and warrant that I am an authorized legal cardholder for this credit card and that I am legally authorized to enter into this reoccurring billing agreement with WFEC.

Signature of Card Holder: _____ Date: _____

Card Holder Printed Name: _____

PLEASE CONTINUE TO MAKE YOUR PAYMENTS UNTIL YOU SEE **"TO BE PAID BY DRAFT"** ON YOUR BILLING STATEMENT

CREDIT CARD INFORMATION

Name on Card: _____

Card Type: ❑ Visa   ❑ MasterCard   ❑ Discover   ❑ American Express

Card Number: _____ Exp. Date: ___ ___ / ___ ___ ___ ___ Billing Zip Code: _____
(Complete Credit Card Number)

WFEC will only retain Credit Card Information until the authorization process has been completed.
If there are issues with processing a payment, you may be contacted by a WFEC representative.

All fields must be completed by the member to activate the reoccurring draft authorization