P.O. BOX 138 • ASHLAND, MONTANA 59003 •OFFICE: 1-406-784-2341 • FAX NUMBER: 1-406-784-2279

Tongue River Electric Cooperative, Inc.
Automatic Credit Card Bill Payment Authorization Form (Please Print)

Please check one: ☐ Begin Payment ☐ Change Payment Information

I authorize Tongue River Electric Cooperative, Inc. to initiate variable entries to my account identified below for payment of my electric bill.

I understand payments will be made **monthly** on the **10th** or the following business day for the amount specified on my monthly bill. Payments will continue until I notify TRECO by phone or in writing. I understand that TRECO requires at least 3 business days before the 10th of the month in order to cancel this authorization.

Payments will begin on _____, 10th, 20_____
Month Year

_____ _____
Bank Name Routing Number

_____ _____
Name on the Account Account Number

_____ _____
Authorized Signature Date

_____
TRECO Account number

Complete the 'Authorization Form' and return it to Tongue River Electric at your convenience.