



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_____

Name on Card

Credit Card Number

Address Associated with the Card

Expiration Date

Authorized Signature

Date

TRECO Account Number

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