P.O. BOX 138 • ASHLAND, MONTANA 59003 •OFFICE: 1-406-784-2341 • TRECO@tongueriverelectric.com

---

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
We do not accept American Express

_____
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.