

P.O. BOX 430, Denton, MD 21629
Toll-Free: 1-877-892-0001
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## **Recurring Payment Plans**

Choptank Electric offers two ways to arrange automatic payment of your electric account by using your financial institution OR Payment Card

Mail: P.O. Box 430, Denton, MD 21629	Fax: 410-479-5594	Email: memberservices@choptankelectric.c	<u>2000</u>
fered by Choptank Electric. I here	by authorize Choptank	tank Electric's recurring payment plan as o Electric to receive payment from my financ ity payments from the account(s) listed belo	cial
service, I MUST notify Choptank I	Electric. Choptank Elect The monthly bill amour	me, I decide to discontinue this payment tric will remove my account(s) from this plant will be deducted from my account approx	
I also understand, should I have to will be removed from the progran	· ,	account in a twelve (12) month period, that Cooperative.	at I
Ва	nk or Credit Union	Account	
Name(s) (Please Print):			
Choptank Electric Account Numb	er(s):		
Financial Institution:			
Bank Routing #:	Bank Accou	unt # <u>:</u>	
Signature		D <u>ate</u>	
Pleas	se enclose a copy of a v	oided check.	
	OR		mmm
Payment Card ( <u>VIS</u>	A, MasterCard, or	American Express ONLY)	
Name(s) (Please Print):			
Choptank Electric Account Numb	er(s):		
Payment Card #:			
Payment Card type (select one):		Expiration Date:	
· · · · · · · · · · · · · · · · · · ·	forming Choptank Elect my card is stolen or co	tric of my new expiration dates ompromised.	

Thank you for your participation in Choptank Electric Cooperative's recurring payment plans!