

## **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: z_info@choptankele	ctric coon
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Ш	YES, I (we) agree to have this/these account(s) on Choptank Electric's recurring payment plan as of- fered by Choptank Electric. I hereby authorize Choptank Electric to receive payment from my financia institution or from my VISA/MasterCard to make my utility payments from the account(s) listed below			
	I understand that I control my payments and, if at any time, I decide to discontinue this payment service, I MUST notify Choptank Electric. Choptank Electric will remove my account(s) from this plan by the next month's billing cycle. The monthly bill amount will be deducted from my account approximately 15 days after the billing statement date.			
	I also understand, should I have three (3) returns on my account in a twelve (12) month period, the will be removed from the program by Choptank Electric Cooperative.			
Bank or Credit Union Account				
	Name(s) (Please Print):			
	Choptank Electric Account Number(s):			
	Financial Institution:			
	Bank Routing #:	Bank Account a	<u> </u>	
	Signature		Date	
Please enclose a copy of a voided check.				
		OR		
Payment Card (VISA, MasterCard, or American Express ONLY)				
	Name(s) (Please Print):  Choptank Electric Account Number(s):  Payment Card #:  Payment Card type (circle): VISA MasterCard American Express Expiration Date:			
	I am responsible for inforn	ning Choptank Electric	of my new expiration dates	

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

or if my card is stolen or compromised.