

RECURRING CREDIT CARD AUTO-PAYMENT AUTHORIZATION

WKRECC Account No. _____

Please circle one: **Visa** **Master Card** **Discover**

Card Number _____ 3-Digit Security Code _____

Card Expires: Month _____ Year _____

Card Holder's Name _____

Card Holders Address _____

(city) _____ (state) _____ (zip) _____

I authorize West Kentucky RECC to charge my credit/debit card on the _____ day of each month.

A requirement of the **Recurring Credit Card Auto-Payment Program** is my participation in the Cooperative's **Budget Billing Program**---determining my monthly amount due of _____ (plus 1.5% for debit/credit card use). I understand and agree to the terms and conditions of that program as specified at www.wkrecc.com.

In the event WKRECC is unable to secure funds from my credit/debit card for any reason, including but not limited to, insufficient funds in my account, insufficient or inaccurate information provided by me, and/or expiration of card, WKRECC may assess penalty or attempt collection activity.

Card Holder Signature _____ Phone Number: _____