

For MEC Use Only

Cycle #: _____

Date: _____

Initials: _____

Due Day: _____

**Credit Card Draft Request Form
Mountain Electric Cooperative, Inc.**

Corporate Office
P.O. Box 180
Mountain City, TN 37683
423-727-1800
Fax: 423-727-1822

Newland District Office
P.O. Box 1240
Newland, NC 28657
828-733-0159
Fax: 828-733-3213

Roan Mountain Office
P.O. Box 103
Roan Mountain, TN 37687
423-772-3521
Fax: 423-772-4340

Name on MEC Bill: _____

MEC Account #(s): _____

Daytime Phone #: _____

Please circle the type of credit card: VISA MASTERCARD DISCOVER

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ CVV2 Code (3 digit code on back): _____

Name as it appears on your Credit Card: _____

Credit Card's Billing Zip Code: _____

I authorize Mountain Electric Cooperative, Inc. to submit a draft on my credit card each month in the amount of my electric bill.

Signature: _____ **Date:** _____