

**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    AMEX

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. I understand there is a transaction fee equaling 2.45% x the bill amount each time my credit card is used to pay my bill.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_