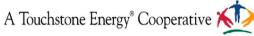


Credit Card AMPS Authorization Form



P O Box 46 Greensburg IN 47240 (812) 663-3391 (800) 844-7362

Name:				
Address:				
City:	_ State:		Zip:	
REMC Account Number (s):				
Electric LP Gas WildB	lue 🗆			
Credit / Debit Type: □ Mastercard	□ Visa □ Disc	over		
Card Number	I	Expiration Date		
I agree to pre-authorize Decatur County RE electric, propane, WildBlue bill(s). I understo the next billing date. Also, both the REN reserves the right to limit participation in Al I understand if funds are unavailable at the account(s), and a \$20.00 fee will be assesse from this program.	stand I can discontinued IC and Credit Compar MPS to members who time of transfer, the an	my participation in A sy may terminate this a se accounts are in good nount of the current bi	MPS by notifying the agreement. I understa d standing. Il(s) will be charged b	e REMC prior nd the REMC pack to my
Print Name:				
Signature:		Date:_		

Your bill(s) will be deducted from your account 3 business days prior to the due date, and your billing statement(s) will display the amount and the message "<u>DO NOT PAY</u>". Please allow up to six weeks for the plan to be implemented after the REMC receives your authorization form.