

Vermont Electric Cooperative, Inc Monthly Credit Card Application



Name on electric account (please print): _____

Mailing address: _____

Daytime contact number: _____

VEC account number(s): _____

Credit card type: _____
 VISA Mastercard Discover

Name on credit card: _____

Billing address of credit card: _____

Credit card number: _____ - _____ - _____ - _____ Expiration date: ____ / ____ / ____

I authorize VEC to charge my monthly electric bills to my credit card 14 days after the billing statement date. I understand that I control my payments and, if at any time I decide to discontinue this payment process, I will notify VEC by contacting the member service department either in writing or by phone at 1-800-832-2667.

Authorization signature: _____ Date: _____

Please mail the completed form to Vermont Electric Cooperative, 42 Wescom Rd, Johnson, VT 05656.

Office use only Initials _____ Date _____