

# Recurring Payment Plans



# Choptank Electric Cooperative

A Touchstone Energy<sup>®</sup> Cooperative



**Choptank Electric offers two ways to arrange automatic payment of your electric account by using your financial institution OR Payment Card**

Mail: P.O. Box 430, Denton, MD 21629

Fax: 410-479-5594

Email: [memberservices@choptankelectric.coop](mailto:memberservices@choptankelectric.coop)

YES, I (we) agree to have this/these account(s) on Choptank Electric's recurring payment plan as offered by Choptank Electric. I hereby authorize Choptank Electric to receive payment from my financial institution or from my VISA/MasterCard to make my utility payments from the account(s) listed below.

I understand that I control my payments and, if at any time, I decide to discontinue this payment service, I MUST notify Choptank Electric. Choptank Electric will remove my account(s) from this plan by the next month's billing cycle. The monthly bill amount will be deducted from my account approximately 15 days after the billing statement date.

I also understand, should I have three (3) returns on my account in a twelve (12) month period, that I will be removed from the program by Choptank Electric Cooperative.

## Bank or Credit Union Account

Name(s) (Please Print): \_\_\_\_\_

Choptank Electric Account Number(s): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please enclose a copy of a voided check.*

**OR**

## **Payment Card (VISA, MasterCard, or American Express ONLY)**

Name(s) (Please Print): \_\_\_\_\_

Choptank Electric Account Number(s): \_\_\_\_\_

Payment Card #: \_\_\_\_\_

Payment Card type (select one): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*I am responsible for informing Choptank Electric of my new expiration dates or if my card is stolen or compromised.*

Thank you for your participation in Choptank Electric Cooperative's recurring payment plans!