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AUTOMATIC CREDIT OR DEBIT CARD ACCOUNT PAYMENT AUTHORIZATION

Last Name _____ First _____ Middle Initial _____

Billing Address _____ City _____ State _____ Zip _____

(_____) _____
Home Phone _____ Electric Account # _____

(_____) _____
Work Phone _____ Cell Phone _____

_____ Mastercard _____ Visa _____ Discover _____ American Express

Credit Card # _____ Expiration Date _____

Please charge the card indicated above for all charges incurred in connection with my electric account. I understand that by completing this form, I authorize Southwestern Electric Cooperative, Inc. to charge my credit card account automatically on a monthly basis for all such charges.

Signature _____ Date _____

Print Name _____