

Name: _____

Member #: _____

Sign up for Auto Pay from your checking account or credit/debit card. Auto Pays are processed on the due date.

Please debit my:

☐ Checking Account (attach a voided check)

☐ Credit/Debit Card



card # _____ exp date ____/____ cvv _____

I authorize Clay-Union Electric Corporation to debit my account described for my monthly bill beginning with next month's statement. I understand that the current month's charges must be paid separately by check or credit card.

Signature _____

Date _____

A \$40 NSF fee plus applicable late fees will be charged for any returned or declined payment. Please remember to update new card #'s and/or expiration dates.

Clay-Union Electric is an Equal Opportunity Employer and Provider.