



# **ROOSEVELT PUBLIC POWER DISTRICT**

## **Recurring Credit Card Plan Authorization Form**

**RPPD Acct #** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Card Type: (Circle One) Visa Mastercard Discover**

**Name on Card** \_\_\_\_\_

**Credit Card #** \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ **CVV** \_ \_ \_

**Expiration Date (MM/YY)** \_\_\_\_\_ **Zip** \_\_\_\_\_

***I hereby authorize Roosevelt Public Power District to charge the Debit/Credit card listed above for the payment of my monthly bill, until such time as I may cancel the arrangement.***

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

***It is the responsibility of the customer to update card information with the office if the above card is lost, stolen or expires.***

### ***Authorization to stop charging from above mention card***

**Signature** \_\_\_\_\_ **(if in office) Date** \_\_\_\_\_

**Customer authorizing cancel over the phone** \_\_\_\_\_ **Date to stop** \_\_\_\_\_