



Automated Payment Authorization

Thank you for participating in our Automated Payment program. We have two options available, bank draft payment or credit card payment. Please select the option you prefer, fill out the information requested for selected option, and return the form below to our office with any required documents. You will continue to receive your electric bill each month with message **PAID BY DRAFT**. Payment is drafted from your account two to three business days prior to your due date. Please call member services at 1-800-240-3400 if you have any questions or need additional information.

Name: _____
 Date: _____
 Blue Ridge Electric Account Number: _____
List any additional Blue Ridge Electric account numbers you want drafted from this account.

 Phone: _____
 Email: _____

BANK DRAFT PAYMENT AUTHORIZATION

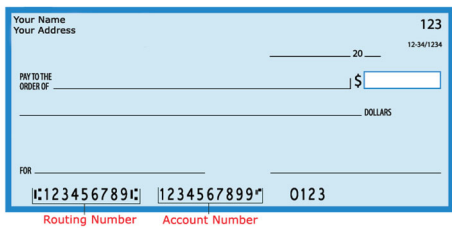
Payment is drafted from your bank account two to three business days before your due date. **Return form along with a VOIDED personalized check.**

Bank Name: _____
 Account Type: Checking Savings
 Bank Routing Number: _____
 Bank Account Number: _____

I authorize Blue Ridge Electric Cooperative to debit my bank account each month for the total amount billed to me by Blue Ridge Electric Cooperative. This draft will remain in force until my intent to withdraw is given in writing or by phone to Blue Ridge Electric Cooperative, or revoked by Blue Ridge Electric for two dishonored drafts within a year.

Signature: _____
 Date: _____

Where are my routing and account numbers on my check?



PLEASE MAIL COMPLETED FORM AND VOIDED CHECK TO:
 Blue Ridge Electric Cooperative, Inc.
 Amy Craig
 PO Box 329
 Westminster, SC 29693

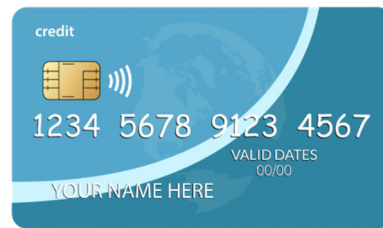
CREDIT CARD PAYMENT AUTHORIZATION

Payment is charged to your credit card account two to three business days before your due date.

Credit Card Type: MC VISA
 Name on Credit Card: _____
 Credit Card Number: _____
 Exp. Date: _____
 Zip Code: _____

I authorize Blue Ridge Electric Cooperative to debit my credit card each month for the total amount billed to me by Blue Ridge Electric Cooperative. This draft will remain in force until my intent to withdraw is given in writing or by phone to Blue Ridge Electric Cooperative. If issued a new card, please contact our office immediately to avoid interruption of the drafting process.

Signature: _____
 Date: _____



PLEASE MAIL COMPLETED FORM TO:
 Blue Ridge Electric Cooperative, Inc.
 Member Service Department
 PO Box 277
 Pickens, SC 29671

FOR OFFICE USE ONLY

Billing Cycle: _____ Entered by: _____ Date: _____