



P.O. Box 129  
Rensselaer, IN 47978  
219-866-4601  
Toll Free 888-866-7362  
Fax 219-866-2199  
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**Automatic Credit Card Payment Form**  
Please return the completed form to Jasper County REMC.

Customer Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Jasper County REMC account number to be auto-billed to the credit card \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Credit Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

I agree to pre-authorize the Jasper County REMC to automatically bill my monthly electric bill(s) against the credit card described above. I understand I will receive a copy of my electric bill each month as reference. I recognize that I will contact the REMC directly concerning billing disputes.

Signature of Cardholder \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

*Please keep a copy of the completed form for your records.*