



Lagrange County REMC Credit Card Payment Form

Name: _____ Acct #: _____

Address: _____

Phone # Home: _____ Business: _____

I, _____ authorize LaGrange County
REMC to make a monthly draft on my Credit Card.

Credit Card Type: Visa

Mastercard

Credit Card #: _____

Expiration Date: _____ Credit Card CVV2 Code: _____
(CVV2 Code is the 3-digit numeric code found next to the credit card number on the back of the card)

Customer Signature: _____

Date: _____

This agreement can be terminated by either party upon thirty days written notice.