



Your Touchstone Energy® Cooperative 

CUSTOMER CREDIT CARD SIGNUP FORM

Member Account Number(s) _____

Member Name _____

Card Type (circle one) Mastercard – Visa – Discover – Amex

Card Number ____ - ____ - ____ - ____

Expiration Date ____ / ____ Security Code _____

Billing Address of Credit Card _____

City, State, Zip Code _____

I agree to pre-authorize my cooperative utility to automatically bill my monthly power against my credit card. I will receive a copy of my co-op bill each month as a reference.

Signature _____

Printed Name _____

Date _____ Phone Number _____