

Payment Authorization - Customer Copy

Please Return With A Voided Check

Name (Please print as shown on bill):		
Southeast Colorado Power Assn. Account #:		Telephone #:
Service Address:		
City:	State:	Zip:
I authorize Southeast Colorado Power Association to instruct my financial institution to make my payments from the account listed below. I understand this authorization may be revoked by me at any time by notifying Southeast Colorado Power Association.		
Financial Institution Routing #:		Credit/Debit Card: Discover VISA MC
Account Number:	[] Checking	Card Number:
Signature:		Exp. Date: