




Your Touchstone Energy® Cooperative 
The power of human connections

829-2827 *** 1-800-648-9401

VISA OR MASTER CARD ONLY PAYMENT PLAN AUTHORIZATION

Name (as it appears on credit card) Electric Account Number

Address City State Zip

/ Visa or Master Card Account Number *Expiration date

By signing below, I understand Crow Wing Power will automatically debit my Visa or Master Card each month.
*Please call our office when expiration date or card number changes.

Signature Date Phone number

Signature Date Phone number

Credit cards will be charged automatically on the due date of the statement.

*Credit cards declined or rejected due to change of number, over credit limit, expired card, or any other reason will be subject to finance charges.

Office use only:	
CC # _____	Date entered: _____
By: _____	Verified by: _____

Return authorization with your bill or enclose in a separate envelope and send it to:

Crow Wing Power, P.O. Box 507, Brainerd, MN 56401-0507