


**THIS FORM IS TO BE USED  
BY MEMBERS WHO HAVE  
PREVIOUSLY ENROLLED  
IN AUTOMATIC PAYMENTS  
THROUGH VISA OR MASTERCARD  
BUT NOW HAVE CHANGES**



Your Touchstone Energy<sup>®</sup> Cooperative   
The power of human connections

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

**VISA OR MASTER CARD ONLY  
PAYMENT PLAN AUTHORIZATION  
CHANGE FORM**

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**