

AUTO BILL PAY

CHECK OUT THE BENEFITS:

< credit cards >
**RETURN THIS FORM WITH YOUR
NEXT MONTHLY PAYMENT**

Make your monthly electric payment the easy way.

With Auto Bill Pay, payment is transferred directly from your checking, savings or credit card account to Union Rural Electric Cooperative.

Enrollment is simple:

1 Choose your method of payment
(credit card or checking/savings acct)

2 Complete the correct form.

3 Return form with your next payment or mail them to:

Union Rural Electric Cooperative, Inc.
PO Box 393
Marysville, OH 43040-0393

4 Save time and go online www.ure.com
or call us to authorize 800-642-1826

**Best of all, we do not charge
for this service.**

Cost Savings

Stop paying for postage, checks and checking fees.

Time Savings

Eliminate the time you normally spend preparing and mailing your payment.

Peace of Mind

You will know each month that your payment has been made on time. The date your account will be drafted is printed on your monthly electric bill as added confirmation.

Important!

Please continue to mail your monthly payment until you receive confirmation on your bill.

Questions?

Call us 8 a.m. to 5 p.m. at 937-642-1826 or 800-642-1826 or visit our web site at www.ure.com.

I (we) hereby authorize and request Union Rural Electric Cooperative, Inc. ("URE") to initiate electronic debit entries or effect a charge by any other commercially accepted practice to my (our) account indicated by using the credit card information. I (we) authorize and request Bank to honor the debit entries initiated by URE and debit the same to such account. This authority pertains to my (our) URE account number set forth below. The authority is to remain in force and effect until notification from me (either of us) of its termination in such time and such manner as to afford URE a reasonable opportunity to act on such notification. I understand that URE reserves the right to terminate Automatic Bill Pay.

Signature Date

Cardholder's Name _____

URE Account # _____

Home Phone _____

Work Phone _____

Email _____

VISA MASTERCARD (circle one)

Card # _____

Exp. Date: _____

**THIS INFORMATION WILL BE SHREDDED ONCE
ENTERED INTO OUR SYSTEM**