



Your Touchstone Energy® Cooperative

ENROLLMENT AND CHANGE FORM FOR AUTOMATIC CHARGE TO CREDIT CARD OR BANK ACCOUNT

- [] Please enroll me in the automatic charge program.
[] Please update my existing automatic charge information.

Name on SMECO Account

Service/Street Address of SMECO Account (no P.O boxes)

Mailing Address

Home Phone Number Work Phone Number Cell Phone Number

SMECO Account Number/s (Include all accounts you wish to have automatically charged.)

I would like my monthly bill automatically charged to my (check one)

- [] Credit Card (fill out the information in red) [] Bank Account (fill out the information in blue)

Form for Credit Card information including fields for Name on Credit Card, Credit Card Number, and Expiration Date.

Form for Bank Account information including fields for Checking or Savings account type, Name on Checking Account, Name of Financial Institution, Checking or Savings Account Number, and Bank Routing Number.

Customer Signature Date

Your automatic payment will begin after we process your request. A note printed on your next bill will identify the date your payment will be transacted.

Please mail this form to: SMECO Customer Accounting P.O. Box 1937 Hughesville, MD 20637