

***The easy way
To pay . . .***

Credit Card Draft Authorization

With our Credit Card Draft Authorization program, you don't have to worry about writing a check or sending your payment to us every month. This convenient program Automatically debits your payment from your Credit Card Account.

Residential members with accounts in good standing are eligible, including those on the Budget Billing Plan. Each month you will receive a message on your bill with the date, and the amount we will be charging to your credit card. When you see this message on your payment stub, you no longer need to call in or mail a payment—it will be taken care of automatically! You may discontinue your participation by submitting a written notice to DEC, Attention Billing Dept.

To join, complete the form below for the credit card account you want charged each month. Bring or mail to Delaware Electric Cooperative, Attention Billing, P. O. Box 600, Greenwood, DE 19950, or simply complete and enclose with your payment.

Credit Card Draft Authorization		
NAME:	_____	PHONE NO. _____
MAILING ADDRESS:	_____	
TOWN/CITY:	_____	STATE/ZIP _____
DELAWARE ELECTRIC COOPERATIVE ACCOUNT NO(s): _____ _____		
*If you have more than one account, include all accounts you wish to register for Drafting		
_____ MASTERCARD	_____ VISA	_____ DISCOVER
NAME AS IT APPEARS ON THE CARD: _____		
ACCOUNT NUMBER: _____	EXPIRES MONTH: _____	YEAR: _____
CREDIT CARD CV2 CODE: _____ (3 or 4 digit code on back or front of card)		
<i>I/we _____ authorize Delaware Electric Cooperative to initiate monthly debits on my/our credit card account for the payment of my/our monthly electric bill(s). This authorization is good until such time as I/we discontinue participation in DEC's Credit Card Draft Authorization Program. I/we understand DEC reserves the right to limit participation to residential members whose accounts are in good standing. If any deduction is not honored by your bank, the applicable fees charged by the bank will be charged to your account.</i>		
SIGNATURE: _____	DATE: _____	
(Required)		

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