

CEDAR KNOX PUBLIC POWER DISTRICT

RECURRING CREDIT CARD PAYMENT

Cedar Knox Public Power District is now offering a payment option in which your electric bill is automatically charged to your credit card each month. This saves you, the customer, time and postage. You will still receive a monthly statement with your current usage and billing information. The notation "Paid By CR Card" will be listed along with the exact date your card will be charged at the top of your monthly statement.

If you are interested in signing up for this convenient payment option, please fill out the release & form below. Then please return it to our office via our mailing address: Cedar Knox PPD – PO Box 947 – Hartington, NE 68739. If you have any questions in regard to this new option, please contact our office at (402) 254-6291 or (800) 891-5196. Thank you.

Beginning **January 1, 2024**, Cedar-Knox PPD will begin charging for the use of debit and credit cards. The fee will be a 3.25% convenience fee for debit or credit cards. For debit/credit transactions under \$100.00, an additional \$0.50 will apply. **Cedar Knox PPD – Billing Dept.**

I, _____ (Customer Name), hereby authorize Cedar Knox PPD to collect payment of my monthly billed electrical bill from my credit/debit card ending in _____. I wish that Cedar Knox PPD continue to collect payments monthly until such time that I cancel this agreement.

I understand it is my responsibility to update card information whenever necessary for new expiration dates and/or new card numbers. If a failed payment occurs because of outdated information, a fee will be applied. To avoid the fee, please consider a reminder text or email notification that your card is expiring to be sent. If interested please list the number to text and/or the email address.

Cell Phone: _____ Email Address: _____

I attest the card information listed below is accurate. I realize that Cedar Knox PPD will enter the information then destroy the sensitive credit card information.

CEDAR KNOX PUBLIC POWER DISTRICT

RECURRING CREDIT CARD AUTHORIZATION

Name Printed on Card: _____

Full Card Number: _____

Visa/Mastercard /Discover Expiration Date: _____ Zip Code: _____

*I hereby authorize Cedar Knox PPD to collect payment of my monthly billed electrical bill from the above card until such time that I cancel this agreement.

Customer Signature: _____ Date: _____

Customer CKPPD Account Number(s): _____