



Direct Pay Authorization Form

**(It is your responsibility to inform YVEC of any changes in your credit card information.  
If your payment is declined for any reason, a fee of \$25.00 will be charged to your  
electric account.)**

Please check account type:

Debit Card       Credit Card       Checking Account       Savings Account

For Debit/Credit Accounts, please complete the following information:

VISA       Mastercard       American Express       Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV Code

For Checking/Savings, please complete the following information. Return with a voided check or savings deposit form:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution – Branch, City, State, & Zip

**AUTHORIZATION:**

*I am a duly authorized signer on the financial institution account identified above, and authorize all the above as evidenced by my signature below.*

\_\_\_\_\_  
Name – PLEASE PRINT

\_\_\_\_\_  
YVEC ACCOUNT NUMBER

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date