Caring Card Authorization Form

Member's Name: _____

Member's Account Number: _____

Location Phone: _____ Other Contact Phone: _____

Name and Address of Person (NOT living in your home) to be Contacted:

Name: _____ _____ _____
First Middle Initial Last

Address: _____

City / State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address _____

Member's Signature for Authorization: _____

PLEASE MAIL TO:

Rappahannock Electric Cooperative
P.O. Box 7388
Fredericksburg, VA 22404-7388

OR RETURN WITH YOUR ELECTRIC PAYMENT.

Receiving a Caring Card notice does not obligate the person helping our member to pay the bill. This program is meant to serve as a "back-up" reminder for our member. Our member can withdraw from the program at any time by contacting a Customer Services Representative at 1-800-552-3904.