



# Rappahannock Electric Cooperative

A Touchstone Energy® Cooperative 

## Caring Card Authorization Form

Please complete the form below and mail to:

Rappahannock Electric Cooperative  
Attn: Member Services  
PO Box 7388  
Fredericksburg, VA 22404-7388

or Return With Your Electric Payment

Fax: 540-891-5988

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:** \_\_\_\_\_

**Caring Card Person's Signature:** \_\_\_\_\_

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 Service Representative at 1-800-552-3904.