

**ORCAS POWER & LIGHT COOPERATIVE  
183 MOUNT BAKER RD  
EASTSOUND WA 98245-9413  
(360) 376-3500  
FAX (360) 376-3505**

**CREDIT CARD AUTHORIZATION**

This is my authorization for you to deduct my monthly OPALCO bill from the credit card listed below.

\_\_\_\_\_|\_\_\_\_\_  
Signature Date

NAME ON CARD	OPALCO ACCOUNT #	V / MC	CREDIT CARD #	EXP DATE

**CARD BILLING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_