



# YES!

## I would like to participate in “EZ” Pay

Please enroll me

Name: \_\_\_\_\_ Account # \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### I would like to pay by

**Prompt Check** (void check attached and authorization below)

**Credit Card** (complete authorization below)

I authorize ER Energy, Inc. to charge my credit card listed below:

Visa

Mastercard

Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Authorized Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail completed form to your local office or fax to 707.462.2337*

**ALL ENROLLMENT FORMS MUST BE RECEIVED BY MAY 10<sup>TH</sup>**