


**Eau Claire Energy
Cooperative**

Your Touchstone Energy® Partner 

**BUDGET PAYMENT PLAN
AUTHORIZATION FORM**

MEMBER INFORMATION

Name (as shown on bill) _____

ECEC Account Number _____

Phone Number _____

Service Address _____

City _____ State _____ ZIP _____

Signature _____ Date _____

SUBMIT FORM

Please complete and return this form to:
Eau Claire Energy Cooperative
P.O. Box 368
Fall Creek, WI 54742