

RECare CONSUMER AUTHORIZATION FORM

I will contribute \$_____ per month. I understand this amount will be automatically added to my monthly electric bill.

I will make a one-time contribution of \$_____ to RECare. My check is enclosed.

Name _____

Address _____

City _____ State _____ Zip _____

Account Number _____

Return to Franklin REC, 1560 Hwy. 65, PO Box 437, Hampton, IA, 50441