



Chariton Valley Electric Cooperative, Inc.

Your Touchstone Energy® Partner



RECare Authorization Form

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

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

(Account Number)

(Member Name)

(Address)

(City/State)

(Zip)

(Signature)

(Date)

Please mail to
RECare
Chariton Valley Electric Cooperative Inc.,
P.O. Box 486
Albia, IA 52531