

POWER FOR
YOUR WAY
OF LIFE



PO Box 52 - Loop 304 SE
Crockett, Texas 75835
800-657-2445 • 936-544-5641

Recurring Credit/Debit Card Payment Authorization

Member Name: _____ Account Number: _____

Name As Appears On Card: _____

Address Card Statement Is Mailed To: _____

Card Number: _____

Expiration Date: _____ CVV (3-Digit Security Code On Back) _____

Daytime Phone Number: _____

I have given authority to Houston County Electric Cooperative (HCEC) to initiate a sales transaction to my credit/debit card for payment of my monthly electric bill. This authority is to remain in effect until revoked by me in writing. I understand that both HCEC and my financial institution reserve the right to terminate my participation in this payment plan at any time.

(Signature)

(Date)

TERMS OF THE AGREEMENT:

You will continue to receive your monthly electric bill notifying you of the amount of the bill. Your credit/debit card payment will be processed on the **due date** listed on your bill. **It is the member's responsibility to notify HCEC of any changes to the credit/debit card information provided above.**

Office Use Only:

Date Setup:

Initials:

Date Removed:

Initials: