

Agreement for Preauthorized Payments

HOTEC Account # _____

Complete and Mail to:

Heart of Texas Electric Cooperative, Inc.

P.O. Box 357 McGregor, TX 76657

Your Account will be debited within 1-2 days before or after the due date but at least 10 days after the bill is mailed.

Option 1

Credit Card Payment Authorization

Credit card type:		<input type="checkbox"/>	Master Card	<input type="checkbox"/>	Visa
Please check one		<input type="checkbox"/>	American Express	<input type="checkbox"/>	Discover Card
Card Number:			Expiration Date:		
Name on Card:					
Credit Card Billing Address:				Zip code of credit card billing address:	
Home Phone#:			Cell Phone#:		
E-mail Address:					
Signature:					

Option 2

Agreement for ACH Payment (EFT or Auto Bank Draft - **VOIDED CHECK MUST BE ATTACHED**)

Depository Name:			
Branch:		Bank Phone #:	
City:		State:	Zip:
Routing Number:		Account Number:	
Printed Name:			
Home Phone#:		Cell Phone#:	
E-mail Address:			
Signature:			

I (we) hereby authorize Heart of Texas Electric Cooperative, Inc., hereinafter called the Company, to initiate debit entries to my (our) _____ Credit Card _____ Checking or _____ Savings account (check one), indicated above, to the financial institution or credit card company named above and to debit the same to my account.

I further understand that the Company may impose a service charge in the event that a debit entry is not paid or is rejected by my financial institution or credit card company.

Signature: _____

Date: _____

Office Use Only: Date Received: _____

Initials: _____

Date Entered in Computer: _____

Initials: _____