

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:	Please check one	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
		<input type="checkbox"/> American Express	<input type="checkbox"/> Discover Card
Card Number:	Expiration Date:	\Authorization code	
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: _____