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Rosebud, TX 76570
(254) 231-0444 (800) 840-2957

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Name: _____

Account: _____

PREPAID BILLING DEBT RECOVERY AGREEMENT

I, _____ do hereby authorize the cooperative to apply fifty percent (50%) of any payments made on my prepaid account # _____ to the outstanding balance owed of \$ _____ until said balance is paid in full.

IF YOU ARE NOT SATISFIED WITH THIS CONTRACT, OR IF AGREEMENT WAS MADE BY TELEPHONE AND YOU FEEL THIS CONTRACT DOES NOT REFLECT YOUR UNDERSTANDING OF THAT AGREEMENT, CONTACT THE COOPERATIVE IMMEDIATELY AND DO NOT SIGN THIS CONTRACT. IF YOU DO NOT CONTACT THE COOPERATIVE, OR IF YOU SIGN THIS AGREEMENT, YOU GIVE UP YOUR RIGHT TO DISPUTE THE AMOUNT DUE UNDER THE AGREEMENT EXCEPT FOR THE COOPERATIVE'S FAILURE OR REFUSAL TO COMPLY WITH THE TERMS OF THIS AGREEMENT.

Member Signature

Date

HOTEC Representative Signature

Date