

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

Master Card

Visa

American Express

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: _____