

# 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.

<b>Option 1</b>			
<b>Credit Card Payment Authorization</b>			
Credit card type:	<input type="checkbox"/>	Master Card	<input type="checkbox"/>
Please check one	<input type="checkbox"/>	American Express	<input type="checkbox"/>
		Visa	<input type="checkbox"/>
		Discover Card	<input type="checkbox"/>
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:			

<b>Option 2</b>			
<b>Agreement for ACH Payment (EFT or Auto Bank Draft - <span style="color: red;">VOIDED CHECK MUST BE ATTACHED</span>)</b>			
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.

I further agree that if this is a Coop Power Plus card, that this auto bill program does not include typical credit card chargeable rights and procedures and I will contact the Co-Op directly concerning billing disputes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:	Date Received: _____	Initials: _____	
	Date Entered in Computer: _____	Initials: _____	