

## FAYETTE ELECTRIC COOPERATIVE CREDIT CARD DRAFT AUTHORIZATION

REV. 04/07/22

## Please return completed form with copy of credit card to:

Fayette Electric Cooperative, Inc., Attn: Billing Department, P.O. Box 490, La Grange, TX 78945

This automatic recurring payment will not be effective until the next billing cycle. Any outstanding balances must be paid by the due date stated on your bill.

For Office Use Only:

payment will be rejected.

Date:

**Initials:** 

must be paid by the due date stated on your bin.					
Please print or type					
Member Name:		E-mail Address:			
Home Address (Street/PO Box):	City:			State:	Zip:
FEC Account Number(s):					
Home Telephone:	Daytime Telephone:				
Name (as it appears on card):					
Credit Card Bill Mailing Address: ☐ Same as above	If different:  ☐				
I hereby authorize Fayette Electric Cooperative, Inc., hereinafter called the COOPERATIVE, to charge my credit card account indicated below on or about the 10 <sup>th</sup> of each month.					
I understand that if my account being charged for my utility bill is rejected by my credit card company for any reason, I remain liable and responsible to timely pay my bill, and that the Cooperative may impose and collect a service charge, late fee, chargeback fee, or any other costs incurred by the Cooperative.					
This authority is to remain in full force and effect until the Cooperative has received written notification from me of its termination in such time and in such manner as to afford the Cooperative a reasonable opportunity to act on it.					
Signature of Authorized Cardholder					
Please select type of card:					
☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Expiration Date (Month/Year): /					
			Credit Card	Number	:
Attach a copy of the side of the car	rd			<u>-</u>	
showing card numbers					- <b>-</b> -
			•		expiration date