



RECURRING DEBIT OR CREDIT CARD AUTHORIZATION FORM

ELECTRIC ACCOUNT INFORMATION (Please Print):

Name on Account: _____

Account Number(s): _____

CHECK APPROPRIATE BOX:

New Enrollment Card Information Change Cancel Participation

(NOTE: If you are cancelling participation, please do not include card information)

CARDHOLDER ACCOUNT INFORMATION (Please Print):

Name as it appears on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone #: _____ Debit Card Credit Card

Cell Phone #: _____ American Express Mastercard

Work Phone #: _____ Discover Visa

Card Number: - - - Security Code:

Expiration Date: Month Year

TERMS OF AGREEMENT:

Card Transactions are drafted on the first business day of each month. If for any reason your card is rejected for payment, Karnes Electric Cooperative, Inc. (KEC) will notify the member of record in writing, and the electric account will be subject to all applicable penalties, fees, and disconnection if not paid. If your card is rejected for payment three times your card will be subject to removal from this Recurring Payment Option, and the member of record will be responsible for payment by the due date. It is your responsibility to notify KEC of any changes in your card information, including expiration date and security code changes, by filling out and submitting a new Recurring Debit or Credit Card Authorization Form. Forms can be obtained on our website, www.karnesec.org, or you may request one to be mailed to you.

I, the undersigned, agree to the terms above and authorize Karnes Electric Cooperative, Inc. (KEC), the Merchant, to keep my signature on file and to initiate debit or credit card transactions on an ongoing basis in the amount due on the monthly billing statement for the KEC account(s) identified above. I understand that these transactions will continue until I notify KEC otherwise in writing. I agree to hold Karnes Electric Cooperative, Inc. harmless for charges resulting from my failure to provide KEC updated Card Holder information. I further authorize KEC to initiate payment of my final bill on the card identified above.

Cardholder Signature: _____ Date Signed: _____

Please Return Form to:

Karnes Electric Cooperative Inc
PO Box 7
Karnes City TX 78118