



RECURRING DEBIT OR CREDIT CARD AUTHORIZATION FORM

ELECTRIC ACCOUNT INFORMATION (Please Type or 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 Type or 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

(NOTE: Only American Express has a 4 digit Security Code)

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 by email if one is available, or by mail if an email address is unavailable, and the electric account will be subject to all applicable penalties, fees, and disconnection if not paid.

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.

Cardholder Signature: Date Signed:

Please Return Form to: Karnes Electric Cooperative, Inc. PO Box 7 Karnes City TX 78118