



A STEC DISTRIBUTION MEMBER

# VICTORIA ELECTRIC COOPERATIVE, INC.

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P. O. BOX 2178  
VICTORIA, TEXAS 77902-2178

TEL: (361) 573-2428  
FAX: (361) 573-5753  
victoriaelectric.coop

## CREDIT CARD DRAFTING

DRAFTS ON THE 1<sup>ST</sup> OF EVERY MONTH

### CREDIT CARD AUTHORIZATION

Customer Auto Bill Program

Credit Card form may be faxed back to (361) 573-5753

Account Number (if known): \_\_\_\_\_

Customer Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Credit Card Account #: \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_

Type of Credit Card: \_\_\_\_\_ (ex: MC, Visa, Discover)

Billing Zip Code for Credit Card: \_\_\_\_\_

C V V 2 Code: \_\_\_\_\_ (last 3 numeric digits on reverse side of credit card)

I agree to pre-authorize V.E.C. to automatically bill monthly against my credit card. I understand that I will receive a copy of my bill from V.E.C. as reference. I recognize that this Auto Bill Program does not include typical credit card charge-back rights and procedures and that I will contact V.E.C. directly concerning any billing disputes involving the Auto Bill Program. I also understand for my protection, proper personal identification may be required.

Print Full Name on Credit Card: \_\_\_\_\_

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