

Fayette Electric Cooperative, Inc.

"Owned By Those We Serve"

CREDIT CARD DRAFT AUTHORIZATION

Complete, Attach Copy of Credit Card, and Mail to:

Fayette Electric Cooperative, Inc.

Attn: Billing Dept., 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.*

PLEASE PRINT OR TYPE

Member Name: _____

Home Address: _____

FEC Account No(s): _____

E-mail Address: _____

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 10th 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: ____

*(Please report the new expiration date when you receive new cards
or your payment will be rejected.)*

Credit Card Number: _____

Office Use:

Initials: _____

Date: _____

Attach a copy of
the side of card
showing card numbers



(Rev. 08/18)