



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. 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 updates or changes to your payment or contact information, including card number, expiration date, security code, and email or mailing address 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 and Contact 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