



**HILCO ELECTRIC COOPERATIVE, INC.
CREDIT CARD DRAFT AUTHORIZATION FORM**

Name(s): _____

(As it appears on your electric bill)

Home Phone: () _____ Business Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

HILCO Electric Account Number(s) To Be Paid By Draft: _____

Credit Card, please check one: () Mastercard () Visa () Discover () American Express

Name as it appears on your credit card: _____

Credit Card Number: _____ Expiration Date: _____

I hereby authorize HILCO Electric Cooperative, Inc. to charge my electric bill to my _____ credit card each month. I understand that my electric bill will be charged automatically each month to my credit card. **I understand this charge will occur on the Monday prior to the due date shown on the billing statement. If the Monday prior to the due date falls on a holiday, my credit card will be charged the next business day.** This authority is to remain in effect until revoked by me in writing. HILCO Electric Cooperative, Inc. reserves the right to terminate this payment arrangement or my participation therein.

SIGNATURE: _____

Date: _____

Mail to: HILCO Electric Cooperative, Inc.
Attention: Consumer Drafts
P.O. Box 127, Itasca, TX 76055-0127