



## CO-OP POWER PLUS™ VISA® CARD CUSTOMER AUTOMATED PAYMENT AGREEMENT

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

Fayette Electric Cooperative, Inc.;

Attn: Billing Dept.; P.O. Box 490; La Grange, TX 78945

PLEASE PRINT OR TYPE

Member Name: \_\_\_\_\_

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

FEC Account No. \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Daytime Telephone: (\_\_\_\_) \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Zip Code of Credit Card Billing Address: \_\_\_\_\_

Expiration Date: Month: \_\_\_\_ Year: \_\_\_\_

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

I hereby authorize Fayette Electric Cooperative, Inc., hereinafter called the COOPERATIVE, to charge to my Co-op Power Plus™ Visa® credit card account indicated above on or about the 10<sup>th</sup> 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 Primary Cardholder

\_\_\_\_\_  
Signature of other authorized cardholder if applicable

Attach a copy of the  
front of your  
Co-op Power Plus™  
Visa® credit card.