



A STEC DISTRIBUTION MEMBER

VICTORIA ELECTRIC COOPERATIVE, INC.

102 S. BEN JORDAN
P. O. BOX 2178
VICTORIA, TEXAS 77902-2178

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

CREDIT CARD DRAFTING

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 _____