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

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

(ACH DEBITS/BANK DRAFTS)

Victoria Electric Cooperative Tax ID # 740964933

I (we) hereby authorize Victoria Electric Cooperative, hereinafter called COMPANY, to initiate debit entries to my (our) ☐ Checking ☐ Savings Account (select one) indicated below and the bank named below, hereinafter called BANK.

BANK NAME_____ BRANCH_____

CITY _____STATE _____ ZIP _____

ROUTING/ABA NO. _____ ACCOUNT NO._____

This authority is to remain in full force and effect until COMPANY and BANK has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act.

NAME _____ ACCOUNT NUMBER _____
(Please Print)

NAME _____ ACCOUNT NUMBER _____
(Please Print)

DATE _____SIGNATURE X _____SIGNATURE X _____

Please note that your account will be drafted on the 5th of each month starting with the next billing cycle. If the 5th falls on a weekend or a holiday, it will be drafted on the next business day.

Please allow 30 days to process, if you sign up at the end of the month it may take up to 60 days to process.

Please enclose a voiced check with your signed authorization form.