



Victoria Electric Cooperative  
Your Touchstone Energy® Cooperative 

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## Credit Card Drafting

(Posted on the 1<sup>st</sup> of each month or next business day.)

### Credit Card Authorization Customer Auto-Bill Program

Account # (if known): \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Credit Card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expires: \_\_\_\_\_ / \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ (MasterCard, Visa, or 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 VEC to automatically bill monthly against my credit card. I understand that I will receive a copy of my bill from VEC 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 VEC 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_