Sam Houston Electric Cooperative, Inc.

P.O. Box 1121, Livingston, Texas 77351

VISA/Master Card/Discover Customer Auto Bill Sign-up Form

Customer Name: _____ Sam Houston EC Acct. No.:_____

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip: _____

Statement Sent to Above Address ( ) Yes ( ) No

Account Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date: Month: __ __ Year: __ __ Type: _____

I agree to pre-authorize Sam Houston EC to automatically bill my monthly power bill against my Visa/Master Card. I understand that I will receive a copy of my Sam Houston EC bill each month as a reference. I recognize that this Auto Bill program does not include typical credit card charge back rights and procedures and that I will contact Sam Houston EC directly concerning billing disputes.

This authority is to remain in full force and effect until Sam Houston EC has received written notification from me of its termination in such time and in such manner as to afford Sam Houston EC a reasonable opportunity to act on it.

Signature: _____ Print Name: _____

Date: _____