



740 E Campbell Rd Suite 460  
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**STAT Energy PUCT Certificate 10202**

**Recurring Payment Authorization Form - Autopay**

Enrolling for your payments to be automatically deducted each month is simple! Please complete this short form and return to us via email at customerservice@statenergytexas.com or fax 214-810-2594.

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

1. You authorize regularly scheduled charges to your card, checking, or savings account.
2. You will be charged each billing period for the total amount due for that period.
3. A receipt will be emailed to you, and the charge will appear on your bank statement.

**Please complete the information below:**

I \_\_\_\_\_ authorize STAT Energy to charge my Checking/Savings or  
(Full Name)

Credit Card indicated below, on the same day that my STAT ENERGY electricity invoice is generated, for payment of my Electricity bill.

Billing Address

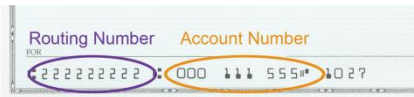
City, State, Zip

Phone#

Email

Account# **STAT-**

**Choose your payment method:**

<p>Checking                      Savings</p> <p>Name on Acct</p> <p>Bank Name</p> <p>Account Number</p> <p>Bank Routing #</p> <p>Bank City/State</p> 	<p>Visa                              MasterCard</p> <p>Amex                            Discover</p> <p>Cardholder Name _____</p> <p>Card Number _____</p> <p>Exp. Date _____</p> <p>CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX)</p>
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<p>Electronic Signature</p> <p>I warrant the truthfulness of the information provided in this form, and I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.</p>	<p>Today's Date</p>
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I authorize STAT Energy to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.