



Recurring Bank Draft Authorization Form

CTEC Name on Account

CTEC Account Number(s) or Invoice Group

Check appropriate box:

- New Enrollment
- Change of Account and/or Financial Institution
- Cancel Participation

Complete Financial Institution Information:

Financial Institution Information	
Name	
Address	
Phone Number	
Payment Method	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Type	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Routing Number (9 Characters)	
Account Number (up to 17 Characters)	

Please attach a voided check to this form for account verification.
Also, for identification, please attach a copy of the front of your driver's license.

I hereby authorize Central Texas Electric Co-op and the financial institution listed above to draft my bank account monthly for payment of the account(s) listed above. This authority will remain in effect until I have signed a new authorization.

Signature: _____ Date: _____

Phone number or e-mail where we may contact you: _____

Please return to: Central Texas Electric Co-op
P.O. Box 553
Fredericksburg, TX 78624

Due Date	Draft Date
5 th of month	3 rd of month, or first working day thereafter
20 th of month	17 th of month, or first working day thereafter