

Jackson Electric Cooperative, Inc.
CREDIT CARD DRAFT AUTHORIZATION FOR ELECTRIC BILLING



P.O. Box 1189, Edna, TX 77957-1189
361-771-4400 • (Fax) 361-771-4406
Bay City Office: 979-245-3029 • (Fax) 979-245-3562

This is to certify that I, _____, hereby grant Jackson
(Print Name)
Electric Cooperative, Inc. of Edna, Texas, the authority to draft my Credit/Debit Card each
month for the amount of the monthly billing, on the 10th of each month or the next business day
should the 10th fall on a Saturday or Sunday.

(Cardholder's Signature)

.....
Card Information: Visa MasterCard Discover Am/Express
(Check One. Card must have this logo on the front.)

Card Number: _____ Expiration Date: _____
(MMYY)

Security Code: _____ Credit Card Billing Address Zip Code: _____
(3 or 4 Digit Code on Back of Card) (5 or 9 Digit Zip Code)

Name on Credit/Debit Card: _____
(Print Exactly as it Appears on Card)

.....
Jackson Electric Cooperative Billing Account Number(s): _____
(Found on your Electric Bill)

Mailing Address: _____
(Street, Box, etc.) (City, State, Zip)

Email Address: _____ Home Phone: _____

Cell Phone: _____

This Credit/Debit Card Account will be drafted on the 10th of each month.
******Please note the transaction will appear as SEDC Payment on your Bank/Credit Card Statement******
Return this completed form to Kim Ellen at the Edna Office.