



CREDIT CARD DRAFT APPLICATION – RESIDENTIAL ONLY
CUSTOMER MUST CONTACT CITY WHEN CHANGE OCCURS

DATE: _____ UTILITY ACCT #: _____

NAME ON ACCOUNT: _____

SERVICE ADDRESS: _____

CARD TYPE: DISCOVER/MASTERCARD/VISA

NAME ON CREDIT CARD: _____

CARD #: _____ EXPIRATION DATE: _____

CARD SECURITY CODE: _____ (3 digit code on back of credit card)

CREDIT CARD STATEMENT BILLING ADDRESS STREET _____ ZIP CODE _____

APPLICANT SIGNATURE: _____ TELEPHONE #: _____

EFFECTIVE DATE: _____

CANCEL OR CHANGE CREDIT CARD INFORMATION

_____ CANCEL CREDIT CARD DRAFT

_____ CHANGE CARD INFORMATION

CARD TYPE: DISCOVER/MASTERCARD/VISA

NAME ON CREDIT CARD: _____

NEW CARD #: _____ EXPIRATION DATE: _____

CARD SECURITY CODE: _____ (3 digit code on back of credit card)

CREDIT CARD STATEMENT BILLING ADDRESS STREET _____ ZIP CODE _____

APPLICANT SIGNATURE: _____ EFFECTIVE DATE: _____

RETURN TO: 200 W VULCAN; BY MAIL PO BOX 1059 BRENHAM TX 77834-1059 OR FAX 979.337.7517.
PLEASE CONFIRM RECEIPT OF DELIVERY BY CALLING 979.337.7520.