



Floresville Electric Light & Power System

Recurring Payment Authorization Form

ELECTRIC ACCOUNT INFORMATION (Please Type or Print):	
Name on Account: _____	
Account Number(s): _____	
CHECK APPROPRIATE BOX:	
<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Information Change
<input type="checkbox"/> Cancel Participation	
(NOTE: If you are cancelling participation, please do not include bank information.)	
BANK ACCOUNT AUTOMATIC PAYMENT - (ACH) INFORMATION (Please Type or Print):	
Name on Bank Account: _____	
Billing Address: _____	
City: _____	State: _____
Zip: _____	
Email Address: _____	
Home Phone #: _____	Cell Phone #: _____
Work Phone #: _____	
Financial Institution's Name: _____	
Financial Institution's Address: _____	
Financial Institutions' Routing #: _____ (Attach a voided check or savings slip)	
Checking Account #: _____	or Savings Account #: _____
TERMS OF AGREEMENT:	
<p>Transactions are drafted on your due date of each month. If for any reason your payment is rejected, Floresville Electric Light & Power System (FELPS) will notify the customer of record in writing by email or by mail and the electric account will be subject to all applicable penalties, fees and disconnection, if not paid. If your payment is rejected two times, you will be removed from this Recurring Payment Option and the customer of record will be responsible for payment by the due date. It is your responsibility to notify FELPS of any updates or changes to your payment or contact information, bank account number, and email or mailing address by filling out and submitting a new Record Payment Authorization Form. Forms can be obtained on our website, www.felps.us.</p> <p>I, the undersigned, agree to the terms and authorize Floresville Electric Light and Power System (FELPS), the Merchant, to keep my signature on file and to initiate the requested Recurring Payment Option on an ongoing basis in the amount due on the monthly billing statement for the FELPS account(s) identified above. I understand that these transactions will continue until I notify FELPS otherwise, in writing. I agree to hold Floresville Electric Light & Power System harmless for charges resulting from my failure to provide FELPS with update Account and Contact Information. I further authorize FELPS to initiate payment on my final bill on the payment method identified above.</p>	
Signature: _____	Date Signed: _____

Please Return Form to: Floresville Electric Light & Power System
 187 State Highway 97 E, Floresville, TX 78114
 Customerservice@felps.us