



Automatic Bank Draft Program

Authorization Agreement

Please enroll me in the First Choice Power Automatic Bank Draft payment program. I hereby authorize First Choice Power to initiate withdrawals from my bank account ("Designated Account") at the financial institution named below. The withdrawals are to be made on the due date of each monthly electric bill. I authorize my financial institution to honor such withdrawals from the Designated Account. I understand that the first withdrawal from my Designated Account will occur on the due date of the first bill I receive that is identified as an automatic bank draft payment, and that I am still responsible for making manual payments to First Choice Power prior to that time. I understand that both First Choice Power and my financial institution reserve the right to terminate my participation in this program at any time and/or for any violation of the applicable rules relating to automatic payments.

CUSTOMER INFORMATION	
Customer's name as it appears on bill	
Street Address and/or P.O. Box	
City, State and Zip Code	
(Home)	(Work)
Telephone Number(s)	
First Choice Power Account Number	
Social Security Number	

FINANCIAL INSTITUTION INFORMATION	
Name of Financial Institution	
Branch Name and Address and/or P.O. Box	
City, State and Zip Code	
Customer's name as it appears on financial account	
Transit/ABA Routing Number	
Designated Account Number	
<input type="checkbox"/>	Savings (attach voided deposit slip)
<input type="checkbox"/>	Checking (attach voided check)

First Choice Power is authorized to initiate withdrawals from my Designated Account until I contact First Choice Power revoking this authority. I agree to maintain a balance in my Designated Account sufficient to pay each monthly bill in full as it becomes due. I also agree to notify First Choice Power prior to closing or changing my Designated Account. I hereby represent and warrant to First Choice Power that I am authorized to execute this agreement and grant the right to First Choice Power to make withdrawals from my Designated Account and I agree to protect and indemnify First Choice Power from any suits, claims or causes of action contesting my authority to do so or First Choice Power's right to withdraw funds from my Designated Account.

Authorized Signature

Authorized Signature

Date

Date

Mail completed, signed form to:
First Choice Power, 201 W. Myrtle St., Angleton, TX 77515