



## AUTOMATIC PAYMENT ENROLLMENT FORM

PUCT License # 10077

OnPAC ACCOUNT NAME: \_\_\_\_\_

OnPAC Account #: \_\_\_\_\_ Service Address: \_\_\_\_\_

**AUTOMATIC PAYMENT OPTION (SELECT ONLY ONE BELOW).** *By signing below, I authorize OnPAC Energy to debit my credit card or bank account monthly for the payment of my electric bill.*

*Please allow 14 days to process your request. Continue to pay all invoices until you receive your invoice marked "AUTOPAY". ALL ACCOUNT INFORMATION WILL REMAIN CONFIDENTIAL.*

☐ Automatic Bank Draft      Type of Bank Account:    ☐ Checking    ☐ Savings

**Complete this information and attach a voided check before returning this form.**

NAME AS IT APPEARS ON BANK ACCOUNT: \_\_\_\_\_

NAME OF BANKING INSTITUTION: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name & Title: (Please Print)** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

☐ Automatic Credit Card Payment      Type of Credit Card:    ☐ Visa    ☐ MasterCard

NAME ON CREDIT CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ CARD EXP. DATE (MM/YY): \_\_\_\_\_

CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name & Title: (Please Print)** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Return completed form by Fax: 1-877-626-8438 or by Mail: OnPAC Energy, PO BOX 700127, Dallas, TX 75370-0127.**  
**Telephone: 1-866 MY ONPAC (696-6722), Email: [support@onpac.com](mailto:support@onpac.com). Web: [WWW.ONPAC.COM](http://WWW.ONPAC.COM).**