

Deca Energy AutoPay Enrollment Authorization Form

Customer Information

Name: _____
Account Number: _____
Service Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Please select between bank draft or credit card and complete the appropriate section below:

Bank Draft

Name of Accountholder: _____
Bank Name: _____
9 Digit Routing #: _____
Account #: _____

I hereby authorize Deca Energy to transact a recurring debit on the account designated above in the amount & on the due date designated on my monthly statement. I agree that ACH transactions authorized herein shall comply with all applicable U.S. law, including NACHA ACH Rules.

Credit Card

Name on Card: _____
Credit Card #: _____
Expiration Date: _____
Billing Street Address: _____

I hereby authorize Deca Energy to charge my account for the account designated above in the amount and on the due date designated on my monthly statement. Deca Energy reserves the right to debit or credit the above indicated account in the event of prior balances, errors, omissions or corrections. If a transaction is returned, Deca Energy may transact a separate debit to collect any related fees.

You may terminate this recurring authorization for any reason by writing P.O. Box 9726, Washington, DC 20016, e-mailing billing@decaenergy.com or calling (202) 670-5558 Deca Energy during our normal business hours, at least 5 business days before the next scheduled payment.

I have read, understand and approve this Automatic Payment Authorization:

Printed Name: _____

Signature: _____

Date: _____

Return the completed form by mail to:
Deca Energy, P.O. Box 9726, Washington, DC 20016