



P.O. Box H
Socorro, New Mexico 87801

Automatic Payment Plan Authorization Agreement Bank and Credit Card Drafting

To ensure proper bank coding of your transfer, please attach a check marked "VOID" or provide us with your complete savings, checking or credit union Transit Routing and account numbers.

PLEASE PRINT OR TYPE

Note: Participation in the Automatic Payment Plan is contingent upon your signed consent to the provision below.

I authorize the named financial institution or credit card company to make deductions from my account for payment of my SEC bill.

NAME OF YOUR BANK, SAVINGS AND LOAN OR CREDIT UNION

CHECKING OR SAVINGS ACCOUNT NUMBER

checking savings

ROUTING NUMBER

TYPE OF CREDIT CARD

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER

EXPIRATION DATE

CVV2 CODE

YOUR NAME (as shown on financial institution or credit card billing records)

ADDRESS

DAYTIME TELEPHONE NUMBER

CITY

STATE

ZIP CODE

NAME ON SEC ACCOUNT

DATE

SEC ACCOUNT NUMBER (as shown on your electric bill)

SEC ACCOUNT NUMBER (if you have more than 1 electric bill)

SIGNATURE (as shown on financial institution records)