



Discontinue Automatic Credit Card Pay

Instructions

To be removed from our Automatic Credit Card Pay program, please complete and mail (or fax) this form to Reliant at the indicated mailing address (or fax number). After we receive this signed form, your account will be removed from the program, and your monthly payment will no longer be automatically charged to your credit card. This form must be received at least 10 business days prior to the due date of your next bill to avoid the automatic charging to your credit card.

Once Automatic Credit Card Pay is discontinued, the change will be evident on your Reliant bill because it will no longer indicate "Do Not Pay."

Please be assured that your credit card information will be used only for the purpose of processing your removal from the automatic payment program and that we will continue to maintain the confidentiality of your credit card number.

Authorization Form

This form directs Reliant to stop charging my monthly Reliant invoice to my credit card. I understand that this form must be received 10 business days prior to the due date of my next bill to avoid additional charges on my credit card.

Name(s) Shown on Reliant Invoice _____

Reliant Account Number(s) _____

Cardholder Name (appears on credit card) _____

Card Account Number _____ Exp. Date (mo/yr) _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Type of Credit Card: Visa Mastercard Discover

Customer Signature _____ Today's Date _____

Print Name _____

Mail or Fax to:

Reliant
P.O. Box 228
Houston, TX 77001-0228
Fax: 1-866-781-0407

For office use only

BP #: _____