



<b>Customer name:</b> <hr/> <b>Reliant account number:</b> <hr/>	Breathe easy knowing your account is paid on time every month with AutoPay. Signing up is quick and convenient. Visit <b>reliant.com/autopay</b> to get started. You can also sign up by mailing this form to: <b>Reliant, P.O. Box 228, Houston, TX 77251-0228</b> or by faxing it to <b>1-866-781-0407</b> .
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<b>Automatic Payment Option</b>	All account information will remain confidential.
<i>Select only one below.</i>	

<input type="checkbox"/> <b>Automatic Bank Draft</b>		Type of bank account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name as it appears on bank account: _____				
<b>Complete the information and attach a voided check before returning this form.</b> Please allow up to 30 days to process. In the interim, you should continue to pay all invoices until you receive one marked "Do Not Pay." Once your automatic payment option is established, you will continue to receive monthly invoices marked "Do Not Pay" for your records.				
Name of banking institution:		<b>Bottom of standard check or deposit slip.</b> ↳ Routing # (9 digits) ↳    ↳ Account # ↳    ↳ Check # ↳ :123456789                     987654321                      0101		
Routing number:				
Bank account number:				
<input type="checkbox"/> I have read and understand the terms found on the back of this form.				
Signature: _____ Date: _____				
Daytime phone number:		Evening phone number:		

<input type="checkbox"/> <b>Automatic Credit Card Payment</b>		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover Network	<input type="checkbox"/> American Express
Name on card:					
Card number:			Exp. date:		
Cardholder billing address:					
<input type="checkbox"/> I have read and understand the terms found on the back of this form. I authorize Reliant to charge my monthly Reliant invoice to my credit card for the amount of my monthly Reliant invoice.					
Signature: _____ Date: _____					

**Thank you!** Return this completed form to **Reliant, P.O. Box 228, Houston, TX 77251-0228** or fax it to **1-866-781-0407**. If you have a question, visit [reliant.com/autopay](http://reliant.com/autopay) or call **1-866-RELIANT**.

## ✦ **Automatic Payment Options – Terms and Conditions**

To be eligible for an automatic payment option, your account must be in good standing and you may not have two or more returned payments during the past twelve-month period. If your account is eligible, you will be enrolled in the automatic payment plan of your choice. In the interim, please continue making regular payments until you see "Do Not Pay" on your invoice or in your Reliant online account. Reliant may terminate your participation in automatic payment options in the event you provide incorrect, false or fraudulent account information. After your first returned payment item, your automatic payment plan will be temporarily deactivated and may only be reactivated upon verification of your payment account information. Once you have more than one returned payment, your account may be ineligible for reactivation on automatic payment options for up to six months. Your bank account and credit card account information will be used only for the purposes of setting up your account for automatic monthly payments, and Reliant will keep your account information confidential. For more information on the Reliant Privacy Policy, please log on to [reliant.com](http://reliant.com). Direct inquiries to Reliant, P.O. Box 228, Houston, TX 77251-00228 or call 1-866-RELIANT.

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## ✦ **Automatic Payment Authorization**

By providing my bank account or credit card account information to Reliant and signing in the space provided, I hereby authorize Reliant to charge my account in the amount of my monthly invoice. For bank drafts, I authorize Reliant to keep my signature on file as a record of my authorization to charge my bank account. I understand that debits to my checking account will be withdrawn or charged on the due date reflected on my invoice, unless such date is a Saturday, Sunday or other bank holiday, in which case Reliant will debit my account on the next banking day. I understand that my Reliant monthly invoice together with this authorization form will be notice of the amount and the date of each withdrawal from my bank account or charge to my credit card. I understand that any past due balance on my account will be charged as soon as my enrollment is processed. I also understand that I may cancel my automatic payment option at any time online at [reliant.com/myaccount](http://reliant.com/myaccount) or by calling 1-866-222-7100. I also agree to notify Reliant if there are any changes to my bank or credit card account information.