




HOLY CROSS ENERGY

A Touchstone Energy® Cooperative 

Automatic Payment Application

Name on Account: _____

Account Number: _____

Service Address: _____

Please Check One:

- New Sign Up
- Change Account Information
- New Expiration Date

Dear Consumer:

Thank you for your inquiry regarding automatic payment of your monthly electric bill.

Holy Cross Energy will debit your credit card or checking account and credit your electric bill when your bill is due. The debit will be shown on your bank statement each month. You will still receive your printed bill with the wording "PAID BY CREDIT CARD or PAID BY DRAFT." This will let you know the amount we will debit your account.

Please complete the enclosed form and return it by mail or by fax. We can begin this service with your next bill. You may terminate this automatic payment method by calling or writing our office before your next payment date.

By signing this document and returning it with the completed application form, you are authorizing the use of your personal and financial information for the sole purpose of processing and/or reconciling your monthly statement. An image of this document will be secured and retained. The original will be destroyed immediately.

You can now view and pay your Holy Cross Energy bill on-line. Visit our web address at www.holycross.com and click Online Payments on the left navigation bar to register.

Holy Cross Energy
3799 Highway 82
P.O. Box 2150
Glenwood Springs, CO 81602

Date

Consumer's Authorizing Signature

Daytime Phone Number

Email Address

Glenwood Office
Ph: (970) 945-5491
Fax: (970) 947-5465
Avon Office
Ph: (970) 949-5892
Fax: (970) 949-4566

Holy Cross Energy
Please Complete Only One Payment Option

ACH/Checking Account Application

IMPORTANT: A VOIDED CHECK FROM YOUR BANK ACCOUNT TO BE CHARGED MUST ACCOMPANY THIS AUTHORIZATION.

Bank Name	Branch
Bank Address	Bank Telephone Number
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Personal <input type="checkbox"/> Business	

Credit Card Application

CHARGE EACH MONTHLY STATEMENT TO:

CARD TYPE: _____ CARD NUMBER: _____

EXPIRATION: _____

CARD HOLDER NAME: _____

WE ACCEPT DISCOVER, MASTERCARD, AND VISA CREDIT CARDS. THANK YOU.

**The personal and financial information provided will be encrypted in our system and the original document destroyed immediately.