

Automatic bank draft authorization form

Please complete the following information and mail, fax or email this form to Reliant at the address listed below.

Name(s) *(Shown on Reliant Bill)*

Billing Street Address

Reliant Retail Account Number

City

State

Zip

Bank Name

9-Digit ABA Routing Number

Account Number

Account Type *(please check one)* **Checking Account** **Savings Account**

I authorize Reliant to debit the account indicated above in the amount of my monthly invoice. In addition, I understand that any previous balances due will be withdrawn from my account, along with my first invoice, on the initial draft date.

I understand that the debit will be made on the due date appearing on my bill, unless such date is a Saturday, Sunday or other bank holiday, in which case Reliant Retail 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 account. I understand that I may withdraw from the automatic bank draft plan 10 business days prior to the next invoice date upon written notice to Reliant and that Reliant may terminate the automatic bank draft plan or my participation in the plan at any time.

Signature(s):

Today's Date:

Please include a voided check or deposit slip with form.

Mail, Fax or Email to:

Reliant Retail
Automatic Bank Draft Plan
P.O. Box 228
Houston, Texas 77001-0228
Fax: 832.584.2232

Email: PaymentInquiriesSimplySmart@nrg.com