

Automatic Bank Draft Authorization Form

Personal Information

Name

Service Address

City, State, Zip

E-mail Address

Telephone Number

Financial Information (attach voided check)

Name of Bank, Credit Union or Savings and Loan*

Bank Address (City, State, Zip)

Checking account Number

Bank Routing Number (first 9-digit at bottom of check)

I have given authority to TXU Energy providing services to the account (s) listed below to draw drafts against my account in payment of my utility bills. You are authorized to pay such drafts when so drawn and presented for payment until authority is revoked.

Signature (as accepted by Bank, Credit Union or Savings & Loan)

Date

Please include the electric account number you would like to include in this service:

TXU Energy Account Number

Send completed information, signed **with a voided check** to:

Automatic Bank Draft
TXU Energy
PO Box 142409
Irving TX 75014-2409

CSR initial: _____ USERID: _____