



For Office Use Only:
Bank Number _____
Billing Cycle _____
Effective Date _____

**WIN ENERGY REMC
AUTOMATIC PAYMENT PLAN
AUTHORIZATION FORM**
(Please Print or Type)

Name: _____

Address: _____

Daytime Phone Number: _____

WIN Energy REMC Account Number(s): _____

Credit Cards Accepted:

VISA or MasterCard

Card Number: _____

Exp. Date: _____

3-digit Verification Code: _____

(Printed on card back in signature panel)

I understand:

- I will receive a monthly bill that will state 'Do Not Pay-Credit Card is Being Charged for the Amount Owed'.
- It is my responsibility to inform WIN Energy of any change in my credit card number or expiration date.
- If my credit card is declined for any reason a fee will be charged to my electric account and I will be removed from the program. I must complete another authorization form to enroll again.

Bank Draft:

Checking or Savings

Name of Bank: _____

Bank Routing No.: _____

Bank Account No.: _____

Please attach a check marked VOID.

I understand:

- I will receive a monthly bill that will state 'Do Not Pay-Account is Being Drafted for the Amount Owed'.
- It is my responsibility to inform WIN Energy of any change in my bank account and bank routing numbers.
- If my bank draft is returned for any reason a fee will be charged to my electric account. If two bank drafts are returned I will be permanently removed from the program.

I authorize automatic payment of my monthly electric bill(s) on the due date. I understand it may take one to two billing cycles for the plan to be implemented. WIN Energy REMC reserves the right to limit participation to customers whose accounts are in good standing. I may discontinue my participation in the program by notifying WIN Energy REMC in writing.

Authorized Signature _____ Date _____

**Please return form to:
WIN Energy REMC, 3981 South US Highway 41, Vincennes, IN 47591**