

**WIN Energy REMC**  
**Authorization Form**  
**For Removal from Automatic Payment Plan (APP)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REMC ACCOUNT NUMBER (S): \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

I, (please print) \_\_\_\_\_, authorize WIN Energy REMC to discontinue my participation in APP. I understand that WIN Energy REMC will process this request as quickly as possible, but I further understand that it may take one billing period (30 days) for this request to become effective.

**FOR IMMEDIATE REMOVAL PLEASE CONTACT THE BILLING DEPARTMENT.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***REMC USE ONLY***

REMC Representative  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This account will be removed from APP effective: \_\_\_\_\_