

Henry County REMC

Automatic Payment Plan Enrollment Form

The Automatic Payment Plan (APP) is a service that draws funds from your checking or savings account to pay your monthly electric bill. The payment is made automatically each month with **NO extra cost to you!** This convenience will save you time, postage expenses and late fees. The APP is available to any customer, including those enrolled in the Budget Billing Plan.

Once enrolled in the APP, you will receive a bill with the amount due each month that says "**APP - Do Not Pay.**" Payments are withdrawn each month based on a consumer's billing cycle (see chart below). For instance, a *Cycle 1* consumer will have a payment withdrawal date of the 27th. Please note, if the dates mentioned below fall on a weekend or holiday, the withdrawal will take place on the next business day.

CYCLE 1: 27th

CYCLE 2: 12th

Your billing cycle is a bolded number that can be found on the top portion of your bill. The number is located to the right of Henry County REMC's name and address and just below the Net Due.

If you are interested in the APP, fill out this form and **attach a check marked "VOID"** from your bank account. You may mail originals or fax copied items to Henry County REMC. Processing time is approximately three weeks. Continue to make your payments as always until your bill states "**APP - Do Not Pay.**"

You may cancel the APP at any time with **written notice** to Henry County REMC. Payment transfers that cannot be made and are not processible (non-sufficient funds, etc.) will cancel your Automatic Payment Plan, and your payment will need to be made by the due date using another means of payment. Feel free to contact the REMC office for more information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____

Henry County REMC Account No.(s): _____

Bank Routing No.: _____

Your Bank Account No.: _____

Checking

Savings

I authorize Henry County REMC to draw monthly bank drafts on my account shown above for the payment of my monthly electric bill. I understand that I can discontinue my participation in the APP by notifying Henry County REMC in writing. This authority is to remain in full force and effect until Henry County REMC has received written notification from me (or either of us) of its termination in such time and manner as to afford Henry County REMC and my financial institution a reasonable opportunity to act on it. Both Henry County REMC and my bank may also terminate this agreement with written notice. In the event that I decide to withdraw from the plan or am terminated from the APP, I understand that I must wait one year before signing up again. I understand that Henry County REMC reserves the right to limit participation in the APP to customers whose accounts are in good standing.

Signature: _____ Date: _____

NOTE: Be sure to send a voided check when sending in this form.

Mail items to: HCREMC, P.O. Box D, New Castle, IN 47362 or fax to (765) 529-1667.