

AUTOPAY



Authorization Form

Name: _____ **Address:** _____

City, State and Zip Code: _____

Phone:() _____ **Southern Indiana Power Account Number:** _____

Name of Bank: _____ **Bank Account Number:** _____

Savings or **Checking:** (please check one)

I, authorize Southern Indiana Power to draw monthly bank drafts on my bank account shown above for the payment of my monthly electric bill. I understand that I may discontinue my participation in Autopay by notifying the cooperative in writing. Both Southern Indiana Power and the bank may terminate this agreement with ten (10) days written notice. I understand that the cooperative reserves the right to limit participation in Autopay to customers whose accounts are in good standing.

Signature: _____ **Date:** _____

Please attach a check marked "VOID." Your bill will indicate when your payment will be made automatically by displaying the message, "ACH DRAFTED - DO NOT PAY." Funds are drawn each month on the 20th, unless the 20th of the month is a weekend or holiday and then funds are drawn on the next business day Please allow one to two billing periods for the plan to be implemented.

Mail voided check and completed form to:
Southern Indiana Power
PO Box 219
Tell City, IN 47586