

AUTOMATIC PAYMENT PLAN (APP)

The Automatic Payment Plan pays your monthly electric bill from your financial institution account (savings or checking), MasterCard or Visa credit card.

It's a free service provided to you by Noble REMC!

Your bank, MasterCard or Visa credit card account will be drafted no more than five days before the due date which appears on your bill. Once the information from your authorization form has been verified

with your bank, your bill will include the message "Draft." It will take one or two billings to complete this process. Until then, please continue to pay your bill in the usual manner.

To sign up for the APP, simply complete **ONE** of the authorization forms below and send it to Noble REMC. If you choose bank draft, send a voided check (from your checking account) or a deposit slip (from your savings account) which is used for account number and bank verification.

Noble REMC Automatic Payment Plan *Credit Card* Authorization Form

Name: _____ REMC Account No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

MasterCard/Visa Credit Card Number: _____ Exp. Date: _____

I understand that I am in full control of the Automatic Payment Plan.
If at any time I decide to discontinue APP, I will notify Noble REMC.
I also understand this information will be used only for the purpose of the APP.

Signature: _____ Date: _____

Please detach this form, fill it out completely and send it to: Noble REMC, PO Box 137, Albion IN 46701.

Noble REMC Automatic Payment Plan *Bank* Authorization Form

Name: _____ REMC Account No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Bank/Credit Union: _____ Bank Account No.: _____ (Savings ___ Checking ___)

I authorize Noble REMC to draw monthly drafts of my bank account shown above for the payment of my monthly electric bill.
I understand that I can discontinue my participation at any time by notifying Noble REMC in writing.
I understand that the REMC reserves the right to limit participation in the APP to those customers with accounts in good standing.

Signature: _____ Date: _____

Please detach this form, fill it out completely and send it along with a voided check (from your checking account) or a deposit slip (from your savings account) to: Noble REMC, PO Box 137, Albion IN 46701.