

# Noble REMC Automatic Payment Plan Authorization Form

Name: \_\_\_\_\_ REMC Account No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

(Savings \_\_\_\_ Checking \_\_\_\_) Must send a voided check or deposit slip with this form.

I authorize Nobe REMC to draw monthly drafts of my account shown above for the payment of my utility 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. I also understand this information will be used only for the purpose of APP.

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

Please complete this form and send it to: Noble REMC • PO Box 137 • Albion, IN 46701