



***Wellsboro Electric Easy Pay Plan
Authorization Form***

Please enter the information as it appears on your electric bill. (Please print)

Account Number: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Bank Information

Name on Account _____

Name of Financial Institution _____

Check one:

Checking Account (Provide void check)

Savings Account - Account #: _____

Bank ABA Routing #: _____

Bank Account Type: Personal Business

Authorization Agreement for Prearranged Payments

I hereby authorize my financial institution and Wellsboro Electric (WECO) to charge the account specified in the amount of my monthly WECO electric bill and send that amount to WECO. I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I supply WECO with WRITTEN NOTICE to terminate the *Easy Pay Plan*. Notice must be fifteen (15) days before the due date and shall be effective only with respect to payments after the Company's receipt of such notification. In addition, I have the right to stop payment of a charge by notifying my financial institution before the stated due date. I understand that both the financial institution and WECO reserve the right to terminate this payment plan and/or my participation therein. If I discover a problem with my monthly electric bill, I will give WECO at least four (4) business days' notice prior to the due date to adjust the bill amount, if necessary. Otherwise, I will not expect any interest on over-payments due to errors. Failure to notify WECO of closing my bank account or to maintain sufficient funds will result in additional services charges.

Signature: (Required) _____

Date: _____