

Automatic Bill Payment Enrollment Form

Please complete and return this form:

I authorize South Central Power to make my payments from the account listed below.

I understand that I control my payments, and if at anytime I decide to discontinue this service, I will notify South Central Power.

(PLEASE PRINT)

Name (as shown on bill): _____ Date: _____

South Central Account Number: _____

Account Information: (Checking, Savings, Credit Card)
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Choose one:

Yes, I want to automatically deduct my monthly SCP bill from my checking account on the due date.

Bank Account Type (circle one): Checking Savings

Name on Bank Account: _____

Routing Number: _____ Bank Account Number: _____

OR

Yes, I want to automatically charge my monthly SCP bill to a credit card on the due date.

Credit Card Type (circle one): Visa MasterCard Discover

Credit Card Number: _____ Expiration Date: _____

Signature _____ **PLEASE ALLOW 6-8 WEEKS.**

Bring this enrollment form to any South Central Power office or mail it to:

South Central Power 2100 Chickasaw Drive Circleville, Ohio 43113
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