

Washington Electric Cooperative, Inc.
P. O. Box 8, 40 Church Street
East Montpelier, Vermont 05651
Telephone 802 223-5245 Fax 802 223-6780

***** AUTOMATIC PAYMENT PLAN AGREEMENT *****

Name(s): (as shown on electric bill)

WEC Account No: _____ Map Location: _____

Mailing Address: _____

City: _____ State _____ Zip _____ - _____

Tenant: _____ or Owner: _____

Home Phone Number: _____ Work Phone: _____

Bank Name and Address: _____

Bank Phone Number: _____

Bank Account Number You Wish Drafted: _____

PLEASE INDICATE: SAVINGS _____ or * CHECKING _____

*** Include a blank check marked "VOID"**

I authorize Washington Electric Cooperative to deduct my monthly electric payment(s) from my indicated account. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Washington Electric Cooperative in writing.

Authorization Signature(s): _____ Date: _____

_____ Date: _____

Please allow 30-60 days for the Automatic Payment Plan to take effect. Until your electric bill(s) indicates that your payment will be made automatically, please continue to pay the bill(s) as usual.

Once the Automatic Payment Plan is in place, your billing statement will read "**BANK DRAFT DO NOT PAY**". The amount of the bill will be deducted from your bank account 16 to 20 days after the billing date.

OFFICE USE	Operator Initials:	Date:
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