



Automatic Payment - Card

Each month your bill amount will be deducted from your checking or savings account. You will receive a billing statement prior to withdrawal so you'll know how much is being withdrawn to pay your monthly bill. No more checks to write or last minute rush to pay your bill on time! Sign up for Secure Pay today!

QUESTIONS AND ANSWERS:

Q. How do I enroll?

A. To enroll in Automatic Payment, just complete the authorization form below and enclose with your normal bill payment.

Q. Once I've sent in my enrollment form, how will I know when the automatic payments begin?

A. A special message printed on your billing statement will let you know that you are set up for automatic payment.

Q. How will I know how much my bill is and when will the bill be paid?

A. You will continue to receive your billing statement from Southeastern Indiana REMC showing the due date and the amount which will be automatically deducted on the 22nd of the month, excluding weekends and holidays.

Q. How can I be sure my bill has been paid?

A. Your payment will be itemized on your card statement.

Q. What if I have a question about the amount of the bill or if the bill was paid?

A. For questions about the bill amount, contact our office at 1-812-689-4111 at least three business days before the due date shown on your billing statement. Questions about bill payments can also be directed to the same phone number.

Q. Can I stop the automatic bill payment plan?

A. Yes. Simply call Southeastern Indiana REMC at 1-812-689-4111 at least three business days before the 22nd of the month or write us at: Southeastern Indiana REMC, P.O. Box 196, Osgood, IN 47037.

Q. Is there a charge for this service?

A. No. Automatic Payment is a free service for Southeastern Indiana REMC customers.

CUT FORM HERE AND SEND IN BOTTOM PORTION

AUTHORIZATION FORM

Member Information

Name: _____
First Middle Last

Address: _____
Street Address

City State Zip Code

Cell Phone: _____

Account #: _____

Member Personal Banking Information

Name on Card: _____

Card Number: _____

Card Type: _____

Expiration Date: _____

Authorization Form:

I authorize Southeastern Indiana REMC to debit the designated credit card to pay my total bill. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Southeastern Indiana REMC in such time and manner so as to afford the company reasonable opportunity to act on it. Discontinuance of this payment service shall not affect any amounts owed by me to the company. Please notify Southeastern Indiana REMC of any changes to your credit card account.

Member Signature: _____

Date: _____