

CUSTOMER DIRECT PAYMENT AUTHORIZATION:

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I hereby authorize South Alabama Electric Cooperative, to initiate debit payment entries monthly on the payment due date, to my account indicated below at the financial institution named below, hereinafter called INSTITUTION. I understand that this authorization is to remain in full force and effect until South Alabama Electric Cooperative, has received written notification from me of its termination in such time and in such manner as to afford it and the INSTITUTION named below a reasonable opportunity to act on it.

- SAEC ACCOUNT NUMBER: _____
- NAME ON ACCT: _____
- INSTITUTION NAME: _____
- BANK NUMBER: _____
- BANK ACCT. NUMBER: _____
- ACCT. TYPE: ___ CHECKING ___ SAVINGS
- CITY: _____ STATE: _____ ZIP: _____
- ROUTING NUMBER: _____

To begin taking advantage of our direct payment service for no additional fee, simply return this completed authorization with this month's payment or mail to: South Alabama Electric Cooperative, P.O. Box 449, Troy, AL 36081. Once it is processed, we will return a copy to you. Your invoice will then state "payment automatically made through the Direct Payment Plan" and will provide the date of the automatic debit. For questions, please call us at 1-800-556-2060.

ATTACH VOIDED CHECK HERE

SIGNED: _____
PHONE #: _____ DATE: _____