

Noble REMC Automatic Payment Plan Authorization Form

Name: _____ REMC Account No: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Credit/Debit Card No.: _____ Exp. Date: _____
(Visa ___ MasterCard ___ Discover ___)

Bank Name: _____ Routing No.: _____ Account No.: _____
(Savings ___ Checking ___) **Must send a voided check with this form.**

I authorize Noble REMC to draw monthly drafts of my account shown above for the payment of my utility bill. I understand that I can discontinue my participation at any time by notifying Noble REMC in writing. I understand that the REMC reserves the right to limit participation in the APP to those customers with accounts in good standing. I also understand this information will be used only for the purpose of APP.

Signature: _____ Date: _____

Please complete this form and send it to: Noble REMC • PO Box 137 • Albion IN 46701