

AMPS (Automatic Member Payment Services)

Authorization Form

Name: _____ Address: _____

City, State and Zip Code: _____

Phone:() _____ Southern Indiana Power Account Number: _____

Name of Bank: _____ Bank Account Number: _____

Savings or Checking: (please check one)

I, authorize Southern Indiana Power to draw monthly bank drafts on my bank account shown above for the payment of my monthly electric bill. I understand that I may discontinue my participation in AMPS by notifying the cooperative in writing. Both Southern Indiana Power and the bank may terminate this agreement with ten (10) days written notice. I understand that the cooperative reserves the right to limit participation in AMPS to customers whose accounts are in good standing.

Signature: _____ Date: _____

Please attach a check marked "VOID." Your bill will indicate when your payment will be made automatically by displaying the message, "ACH DRAFTED - DO NOT PAY." Funds are drawn each month on the 20th, unless the 20th of the month is a weekend or holiday and then funds are drawn on the next business day Please allow one to two billing periods for the plan to be implemented.

**Mail voided check and completed form to:
Southern Indiana Power
PO Box 219
Tell City, IN 47586**

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