

AUTO PAY APPLICATION



Customer Information		
Name on Account:	First Name:	Last Name:
	Social Security/Federal ID Number:	Electric Account No.:
	Email:	
Telephone:	Primary Phone:	Secondary Phone:

Service Address			
Street Address:	Apt/Unit/Lot #:		
City:	State:	Country: UNITED STATES	Zip Code:

Bank Information	
Type of Bank (<i>select only one</i>):	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Bank Name:	Bank Account No.:
Bank Transit/Routing Number.:	

YOUR NAME 123 MAIN ST CITY, STATE, ZIP	YOUR BANK NAME YOUR BANK ADDRESS
1234	
PAY TO THE ORDER OF _____ \$ <input style="width: 50px;" type="text"/>	
_____ Dollars	
TRANSIT #	ACCOUNT #
⑆ 6 7 8 9 0 3 4 5 6 ⑆ 9 8 7 6 5 4 3 2 1 0 ⑆ 1 2 3 4	
_____ <small>AUTHORIZED SIGNATURE</small>	

Terms and Conditions	
<p>I (We) hereby authorize Santee Cooper to place my (our) payment for the monthly electric bill on Auto Pay Billing.</p> <p>I understand that if my monthly electric bill exceeds my maximum auto pay amount, my account will be drafted for the maximum amount and I will be responsible for the balance due.</p>	
Customer Signature: _____	Date: _____
Print Name: _____	

Please return to Santee Cooper's Retail Office in your area.

Office Use
<p style="text-align: center; font-size: small;"><i>Below is for Santee Cooper office use.</i></p> <p>Maximum Auto Pay Budget:</p>