

Authorization for AELP Easy Pay Option

AELP Account #: _____

AELP Account Name(s): _____

I have enclosed one voided check for my checking account. **I will watch my bills to see when this payment plan takes effect and will continue to pay my bill the “old fashioned way” until this happens.**

I can be reached during the day at the following phone # _____ if there are any problems in setting this up.

Notify me at the following e-mail address (_____) whenever an automatic payment is attempted. (Please write this accurately and clearly!) I will update my email address at www.aelp.com, “My Account Information” section or contact AEL&P to continue email notifications.

I would like to receive an ebill, instead of a mailed bill, when this option becomes available.

The maximum amount I authorize AELP to debit my account monthly is \$ _____. I understand that Easy Pay will cover my bill up to this maximum. Any balance over this maximum will need to be paid the “old fashioned way” by the due date on the bill to avoid late fees/finance charges with the next billing.

I wish my bill to be paid on the _____ of the month (or the first banking day afterwards should that day be a weekend, bank holiday or AEL&P holiday). **I understand that if this date is too close to the billing date, a second bill and late fees can result.**

I have read and accept the following terms and conditions:

- If I close my bank account or wish to alter or terminate this arrangement, AELP must receive written notification at least three (3) working days prior to the payment effective date.
- If my bank can not process my payment, NSF processing fees will apply.
- If two unprocessed payments occur within a 12-month period, the Easy Pay Option will be cancelled and I will be required to pay with cash.
- A reasonable number of changes to my authorized arrangements are permitted. However, AELP reserves the right to cancel my Easy Pay Option if changes become excessive. I will receive ten (10) days notice if AELP exercises this option. Examples of such changes might include requesting a one-time payment date change, temporary removal from the automatic payment option, or changing the bank account number. Any change I request must be in writing since changes are contrary to this agreement.
- I understand that payment may post to my account as many as four (4) days later than my selected date, depending on weekends and holidays. If my selected date falls after the due date for this account, I am responsible for payment of any late fees.
- AELP may cancel or update this agreement, at any time, upon 30 days written notice.

Signed: _____

Dated: _____