Authorization for AEL&P Easy Pay Option

AEL&P Account #: _____ AEL&P Account Name(s): _____

☐ I have enclosed one voided check for my checking account. ***I understand I am responsible for paying my bill the conventional way until I receive my first statement that indicates my account is now set up on Easy Pay.*** _____ INITIALS

Notify me at the following e-mail address _____ (PLEASE PRINT CLEARLY) whenever an automatic payment is attempted. I will update my e-mail address at ***www.aelp.com, My Accounts*** link or contact AEL&P to continue e-mail notifications.

☐ ***Save a tree!*** I would like to receive an ***e-bill,*** instead of a mailed bill.

The maximum amount I authorize AEL&P 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 conventional way by the due date on the bill to avoid late fees/finance charges with the next billing.

Optional: If you want to pay the same amount every month, regardless of your bill amount (using the self-levelized payment option), then enter that dollar amount in both the minimum and maximum field. Example: If your average bill amount is $150, enter $150 in both the minimum and maximum field. You will then pay that amount every month and level out your higher winter bills. The minimum amount I authorize AEL&P to debit my account monthly is $_____.

I wish to pay my bill 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, AEL&P 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 (2) 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. Examples of such changes might include 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. Please note that AEL&P reserves the right to cancel my ***Easy Pay Option*** if changes become excessive. I will be notified 10 days before cancelation if AEL&P exercises this option.
- 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.
- I understand if I have other residential accounts with AEL&P that have closed and have an unpaid past-due balance, that balance may be transferred to the ***Easy Pay*** account to collect payment.
- AEL&P may cancel or update this agreement at any time upon 30 days written notice.

Signed: _____ ***Dated:*** _____

Note: **Suggested maximum amount is $_____. This amount is 25% over your highest bill during the last 12 months. You may want to set it differently, given your knowledge of the past and your future electricity uses.**

Suggested payment date is _____. We normally bill your account between the _____ and _____.