



## Direct Payment Enrollment Form

NAME (as shown on your bill) \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_

ACCOUNT NUMBER (as shown on your bill)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I hereby authorize **SEMCO Energy** to deduct my monthly payments from my account at the following financial institution. To ensure the correct account number and ABA/routing number are used for this electronic payment, please enclose a voided check or a copy of check in addition to completing the information below. Indicate whether this account is a checking or savings account.

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ABA/ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ CHECKING / SAVINGS  
(Circle one of the above)

The date that your Direct Payment arrangements will take effect will depend on when the enrollment is processed during your billing cycle. Until you receive notice on your bill that your Direct Payment enrollment has been processed, continue to pay your bill the way you currently do.

This authority is to remain in effect until **SEMCO Energy** has received notice from me of my intent to cancel participation in the Direct Payment Program. I understand that I must give notice of cancellation, or make any account changes, no less than 10 days before my payment date. Changes made less than 10 days in advance are subject to any incurred charges at my financial institution.

**SEMCO Energy** has the right to automatically discontinue my participation in the Direct Payment Program if any payments are returned for non-sufficient funds.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_