



Orange County  
REMC

**What is EZ Power Pay?**

EZ Power Pay is an automatic payment program that pays your monthly electric bill from the financial institution and account of your choice (checking or savings, debit or credit). EZ Power Pay is a free service from Orange County REMC.

**How does EZ Power Pay work?**

You will continue to receive your bill on a monthly basis as usual. Your bill will show the amount due along with "Bank Draft" or "Credit Card". You will have time to contact us with any questions you might have about your bill. The amount due will be drafted from your account on the 30th of each month. (If the 30th is on a weekend or Holiday, your account will be drafted the next business day.)

**Can I cancel EZ Power Pay?**

Absolutely! If you are not pleased with the plan, just provide Orange County REMC with a written cancellation notice.

**How do I sign up for EZ Power Pay?**

Simply detach the form below, fill it out and send it Orange County REMC. If you choose the checking account option, please include a void check, which will be used for account number and bank verification. Allow four to eight weeks for processing and continue to pay your bill in the usual manner until you receive a bill marked "Bank Draft" or "Credit Card". Beginning that month, your payments will be automatically withdrawn.

*Detach the form below, fill it out and send it to Orange County REMC P.O. Box 208, Orleans IN 47452*



I authorize Orange County REMC to draw monthly drafts on the account shown below for the payment of my monthly electric bill. I understand that I can discontinue enrollment in the EZ Power Pay at any time by providing Orange County REMC with written notification. Both Orange County REMC and the financial institution named below, reserve the right to terminate this payment and/or my participation in the program.

Name \_\_\_\_\_ Orange County REMC Account Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**( ) Bank Draft: Please include a void check**

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ ( ) Checking Account ( ) Savings Account

**( ) Credit/Debit**

Credit/Debit Card Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Type of Card: ( ) Visa ( ) Master Card ( ) Discover

**Card Holders Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use
Completed by _____
Date _____