



South Central Indiana Rural Electric Membership Corporation
Automatic Payment Plan Application

Mail to: South Central Indiana REMC, 300 Morton Avenue, Martinsville, IN 46151-2472

Account Name Account Name _____ SCI Account # _____

(Other account numbers to be drafted) _____

Address _____ Home Phone # _____

E-mail Address _____ Work Phone # _____

Checking or Savings Account Draft

Bank Name _____ Bank Address _____

Bank Phone # _____ Bank Routing # _____

Checking # _____ Savings # _____

Attach a Voided Check

Choose only 1 - Checking or Savings

Debit or Credit Card Draft

Discover Card _____

Master Card _____

Visa _____

Please check only one card type

Card Number _____ Expiration Month and Year _____

Print exact name on your credit/debit card _____

Electronic Billing



E-Bill is here!

Check this box to receive your statements via e-mail instead of paper bill.



I hereby authorize South Central Indiana REMC to draw monthly bank drafts through the automatic payment plan on the accounts shown above for the payment of my electric bill in full and any other services I authorize. The actual draft date will show on your billing statement, which is normally two days prior to the bill's due date.

SCI REMC and your bank may terminate this agreement if draft fails to clear. I understand if funds are not available in my account for draft to clear there will be a \$20.00 charge applied to my SCI REMC account.

Signature: _____ Date: _____

The date of the draft will appear on the return stub portion of your statement.