

Authorization Agreement for Prearranged Payments

I hereby authorize my financial institution and Citizens' Electric to charge the account specified in the amount of my monthly Citizens' Electric Company electric service bill and send that amount to Citizens' Electric Company. I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I supply Citizens' Electric with "WRITTEN NOTICE" to terminate the Easy Pay Plan. Notice must be 15 days before the due date and shall be effective only with respect to payments after the Company's receipt of such notification. In addition, I have the right to stop payment of a charge by notifying my financial institution before the stated due date. I understand that both the financial institution and Citizens' Electric reserve the right to terminate this payment plan and/or my participation therein. If I discover a problem with my monthly electric bill, I will give Citizens' at least 4 working days notice prior to the due date to adjust the bill amount, if necessary. Otherwise, I will not expect any interest on over-payments due to errors. Failure to notify Citizens' Electric of closing your bank account or to maintain sufficient funds will result in additional service charges.

Signature _____ Date _____
Signature of depositor indicated on the reverse side

Place application and voided check (if using a checking account) in bill envelope with your payment or send in a separate envelope to:

Citizens' Electric Company
1775 Industrial Blvd.
Lewisburg, PA 17837

USE THIS FORM TO SIGN UP FOR CITIZEN'S EASY PAY PLAN. Your monthly bill will be automatically deducted from a checking or savings account (we charge nothing for this convenient service). Contact our office at 524-2231 for details.

Citizen's Easy Pay Authorization Customer Number _____ (as it appears on your electric bill).
Name _____ Address _____ City _____ State _____ Zip _____
(as it appears on your electric bill)

Name of Depositor _____ Name of my Financial Institution _____
(if different from the customer) PLEASE PRINT

- Check one: A. Checking Account (please enclose a blank bank check marked "void")
B. Statement Savings Account (no passbook accounts, please)

(If you checked "B" please ask your financial institution for the following:

1. Account Number _____ 2. Bank ABA Routing Number _____

Complete this form and return it to Citizen's Electric
Note: Please sign and date this agreement on the reverse side