



“EASY PAY”

Authorization Form

Customer Number _____
(as it appears on your electric bill)

Name _____
(as it appears on your electric bill)

Address _____

City _____ State _____ Zip _____

Name of Depositor _____
(If different from the customer) PLEASE PRINT

Name of my Financial Institution _____

Select one:

A. Checking Account (please enclose a bank check marked "void")

B. Statement Savings Account (no passbook accounts, please)
If you selected "B" please ask your financial institution for the following:

1. Account Number _____

2. Bank ABA Routing Number _____

Signature: _____ Date: _____

Print and complete this form and then return it to:

Citizens' Electric
PO Box 551
1775 Industrial Blvd.
Lewisburg, PA 17837

Sorry, we are unable to accept electronic applications for this service.