

BANK DRAFT AUTHORIZATION

PLEASE PRINT

NAME (AS IT APPEARS ON SLEMCO BILL) _____

SLEMCO ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF BANKING FACILITY _____

CHECKING OR SAVINGS ACCOUNT NUMBER (COMPLETE) _____

BANK MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME(S) AS SHOWN ON THIS BANK ACCOUNT _____

I authorize SLEMCO to begin monthly deductions for payment of my electric bill and for the financial institution named to pay each amount from my checking or savings account no earlier than 10 days after billing. I understand that I may cancel this authorization by notifying SLEMCO in writing to remove my account from the program and that SLEMCO will have 30 days to make necessary changes. I understand that SLEMCO reserves the right to terminate my participation in the program. I acknowledge that this authorization will not transfer to any other SLEMCO account(s). To include any other existing and/or future account(s), SLEMCO must be notified in writing. Final bills **cannot** be drafted.

PHONE _____ DATE _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF CO-APPLICANT (If Necessary) _____

ATTACH VOIDED BLANK CHECK

SLEMCO
 Attn: A.P.O. PROGRAM
 PO BOX 90866
 LAFAYETTE, LA 70509-0866

AUTOMATIC PAYMENT OPTIONS (A.P.O.) PROGRAM

SLEMCO has two convenient automatic bill paying options available to the consumer:

- 1. Automatic Bank Draft Option**
 Consumer authorizes SLEMCO to transfer, from the bank, by bank draft of their checking or savings account, the amount of their electric bill each month.
- 2. Automatic Credit/Debit Card Charge Option**
Available to residential customers only. Consumer authorizes SLEMCO to charge a credit/debit card the amount of their electric bill each month.

This is done by means of electronic transfer of funds from your bank account or credit/debit card to SLEMCO without the need for writing a check and mailing it or calling in credit/debit card information monthly. These options, which offer greater convenience for bill payment, are free of charge. Other advantages of "A.P.O" are:

1. Reduces the cost of postage, checks, and envelopes.
2. Eliminates possibility of lost or misdirected late payments.
3. Eliminates missing a bill payment or being late with resulting late penalty charges.
4. Accomplishes bill payment even when away from home.
5. Eliminates possibility of erroneous check: no signature, wrong amount, wrong date, figures don't agree.
6. Eliminates possibility of erroneous credit card: type, account number, expiration date.

We invite you to take advantage of this time and money saving service by completing one of the preferred authorization options forms and include it with your next payment. For **bank draft option a voided check needs to be included** to ensure proper bank coding. Once the authorized payment option begins, you will receive a regular bill as before. It will show "BANK DRAFT" for the automatic bank draft option or "CREDIT CARD CHG" for the automatic credit card charge option and the amount of the net bill. The amount due will show "0".

For more information about the "A.P.O." Program, call the Customer Service Department at (337) 896-5200, Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m.

CREDIT/DEBIT CARD CHARGE AUTHORIZATION

PLEASE PRINT

NAME (AS IT APPEARS ON SLEMCO BILL) _____

SLEMCO ACCOUNT NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CREDIT/DEBIT CARD TYPE (CHECK ONE)
 VISA MC DISC AM EXP

CREDIT/DEBIT CARD ACCOUNT NUMBER _____

EXPIRATION DATE: _____ MONTH _____ YEAR _____ CID NUMBER _____

NAME ON CREDIT/DEBIT CARD _____

CREDIT/DEBIT CARD BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

I authorize SLEMCO to begin monthly charges for payment of my electric bill and for the authorized credit/debit card to be charged no earlier than 10 days after billing. I understand that I must immediately notify SLEMCO in writing if I wish to change the credit/debit card being used, or if any information, such as the expiration date, on the authorized card changes. I understand that I may cancel this authorization by notifying SLEMCO in writing to remove my account from the program and that SLEMCO will have 30 days to make necessary changes. I understand that SLEMCO reserves the right to terminate my participation in the program. I acknowledge that this authorization will not transfer to any other SLEMCO account(s). To include any other existing and/or future account(s), SLEMCO must be notified in writing. Final bills **cannot** be charged.

PHONE _____ DATE _____

SIGNATURE OF APPLICANT _____

SIGNATURE OF CO-APPLICANT (If Necessary) _____

SLEMCO
 Attn: A.P.O. PROGRAM
 PO BOX 90866
 LAFAYETTE, LA 70509-0866