



EZPay Plan Authorization Agreement

(Please Print or Type)

Kenergy account number *(as it appears on your bill)* _____

Name *(as it appears on bank records)* _____

Address _____

City/State _____ Zip Code _____

Phone () _____

I hereby request and authorize Kenergy to make automatic withdrawals from the financial institution and account specified on this form. I also authorize the listed financial institution to make the requested payments in accordance with the EZPay Plan. I agree that if any such check is dishonored, whether with or without cause, and whether intentionally or inadvertently, Kenergy or the financial institution is under no liability whatsoever, even though such dishonor results in the forfeiture of my EZPay membership. This authorization will remain in effect until cancelled in writing by either me, Kenergy or the financial institution.

Name of financial institution _____

Address of institution _____

City/State _____ Zip Code _____

Checking account number _____

Savings account number _____

Signature *(as it appears on bank records)* _____

Budget Billing Plan *(circle one)* YES NO

ATTACH A VOIDED CHECK OR DEPOSIT SLIP

AT-58 (Revised 2/2000)