



Auto Pay Authorization

(Please Print or Type)

Kenergy account number _____ Budget Billing Plan (circle one) YES NO
(as it appears on your bill)

Name as it appears on bank account _____

Address _____

City/State _____ Zip Code _____

Phone () _____ E-mail (optional) _____

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 Auto Pay 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 Auto Pay 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 _____ Savings Account ACCOUNT TYPE : _____ Personal _____ Business/Commercial

Bank routing number _____ Account number _____



ATTACH A VOIDED CHECK

THANK YOU

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