

WIN Energy REMC
Authorization Form
For Removal from Automatic Payment Plan (APP)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REMC ACCOUNT NUMBER (S): _____

NAME OF BANK: _____

I, (please print) _____, authorize WIN Energy REMC to discontinue my participation in APP. I understand that WIN Energy REMC will process this request as quickly as possible, but I further understand that it may take one billing period (30 days) for this request to become effective.

FOR IMMEDIATE REMOVAL PLEASE CONTACT THE BILLING DEPARTMENT.

Member Signature: _____ Date: _____

REMC USE ONLY

REMC Representative
Signature: _____ Date: _____

This account will be removed from APP effective: _____