

Dear Customer,

Thank you for your interest in Dayton Power & Light's Bank Plan program. In order to establish the bank plan, we will need a voided check if you are using your checking account or a bank deposit slip if you are using your savings account.

Please return the application attached to the voided check or deposit slip from your financial institution to:

The Dayton Power and Light Company Attn: Customer Resource Center P.O. Box 1247 Dayton, Ohio 45401

After we receive this form we can process your request. Your monthly payment will be deducted from your bank account on the due date of each current bill.

If you have any additional questions, please call us at 937-331-3900 or 1-800-433-8500.

Sincerely, Customer Resource Center

THE	E DAYTON POWER AND LIGHT COMPANY-	-BANK PLAN		
AUTHOR	RIZATION AGREEMENT FOR PRE-ARRANG	ED PAYMEN	ΓS	
	Yes, I want Bank Plan and am presently on Budget Billi	ng		
Check one:	Yes, I want Bank Plan and want to join Budget Billing			
	Yes, I want Bank Plan but do not want Budget Billing			
Full Bank, Credit Union		Check One:	Checking	
or Savings & Loan Name			Savings	
City	Bank Account Number			
State	DP&L Account Number			
*The signature below	authorizes Dayton Power and Light Company	to initiate with	drawals from	the
customer's account (i	dentified by the enclosed voided check) for	payment of D	P&L bills and	
authorizes the financia	al institution to charge such withdrawals to the	customer's ac	count. The	
customer will be informed of any adjustments affecting the bank deduction. This authorization will				
remain in effect until r	notice of termination is given to Dayton Power	and Light Com	ıpany.	
Name(s)			· · · · · · · · · · · · · · · · · · ·	
Service Address				
D : ()	Date			
*Signature				