

Dear Customer,

Thank you for your interest in AES Ohio'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:

AES Ohio
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 800-433-8500.

Sincerely,
Customer Resource Center

AES Ohio – Bank Plan
Authorization agreement for pre-arranges payments

Yes, I want Bank Plan and am presently on Budget Billing

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 or savings & loan name _____

Check one:
Checking
Savings

City _____ Bank account number _____

State _____ AES Ohio account number _____

* The signature below authorizes AES Ohio to initiate withdrawals from the customer's account (identified by the enclosed voided check) for payment of AES Ohio bills and authorizes the financial institution to charge such withdrawals to the customer's account. The customer will be informed of any adjustments affecting the bank deduction. This authorization will remian in effect until notice of termination is given to AES Ohio.

Name(s) _____

Service address _____

City _____

Phone _____ Date _____

*Signature _____