

WE KNOW YOU HAVE BETTER THINGS TO DO THAN TO WORRY ABOUT PAYING YOUR BILLS ON TIME.

Embrace the Convenience!

No Stamps. No Late Fees. No Paper Checks. No Processing Fees!

1. Complete the form below. Be sure to sign and date it.
2. Return the FORM along with a VOIDED BLANK CHECK to:
Service Electric
Auto Pay
P.O. Box 20151
Lehigh Valley, PA 18002-0151

Great Idea!
Auto Bill Pay is easy and helps the environment by saving paper



SERVICE ELECTRIC AUTOMATIC BILL PAYMENT AUTHORIZATION

Name (As it appears on your bill - PLEASE PRINT)

Customer Account Number (As it appears on your bill)

Phone Number

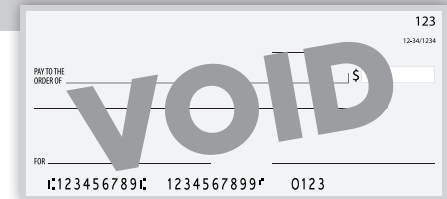
Name of Depositor (if different from the customer on bill)

Name of Financial Institution

I hereby authorize my financial institution to charge my checking account in the amount of my monthly Service Electric Cable TV, Inc. (SECTV) service bill and send that amount to SECTV. I agree that each charge to my account shall be the same as if I had signed a check to pay my bill. This authority will remain in effect until I notify SECTV otherwise. If I change the account or financial institution specified, I will provide written authorization for the new financial institution to SECTV. In addition, I have the right to stop payment of a charge by notifying my financial institution before the account is charged. I understand both the financial institution and SECTV reserve the right to terminate this payment plan and/or my participation therein.

Signature _____ Date _____

Return the FORM along with a VOIDED BLANK CHECK to: Service Electric, Auto Pay, P.O. Box 20151, Lehigh Valley, PA 18002-0151



Be sure to include a Voided Blank Check with this form

- Check here if your voided check represents a change to your existing auto pay bank information.

Automatic Bill Pay customers do not receive a paper monthly statement.

- Check here to receive a paper statement for a \$1.00 fee.