

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!



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

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

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 _____

You will receive a monthly email notice showing the amount that was charged to your checking account as well as a link to access your detailed statement.

Send my monthly email notice to: _____

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

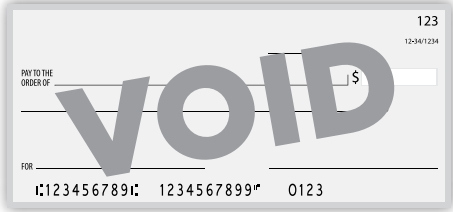
Check here to receive a paper statement for a \$1.00 fee.

The \$1.00 fee for paper statements is waived for customers age 62+.

I am aged 62+ and would like a free paper statement. My birth date is: ____ / ____ / ____

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 _____



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.

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