

BANK TRANSFER AUTHORIZATION FORM

I authorize South Side Electric, Inc. to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of billing:

Starting (month)_____(year)_____10th or 15th or 20th or 25TH (circle) in the amount of the monthly invoice and any outstanding invoices, late fees or finance charges.

Or a Standard payment of ______ if the bill exceeds available credit a phone call will be made to authorize a larger payment for that month.

Customer Bank Information

Name of Banking Institute_____

Routing Number_____

Account Number_____

This payment authorization is to remain in effect until ______, notifies South Side Electric, Inc. of its cancelation by giving written notification in enough time for the business and receiving institution to have a reasonable opportunity to act on it.

By signing up for autopayments you are also signing up for paperless billing.

Customer Signature	Printed Name	Date
Name on South Side Electric, Inc. Account _		
Email for receipt and Paperless billing		
Contact Phone Number		