

The Frontier Power Company

770 S. Second Street • P.O. Box 280 Coshocton, OH 43812-0280 Telephone: 740-622-6755 • 800-624-8050 Fax: 740-622-0711

Electronic Direct Payment

In response to your requests, The Frontier Power Company is now making it easier to pay your monthly electric bill. You may now elect to have your payments automatically deducted from your checking or savings account or charged monthly to your Visa/Mastercard/Discover account through our Direct Payment option. You will continue to receive your monthly billing from Frontier Power so that you can monitor your usage and record the charges to your chosen account. On the 8th of each month the amount of the net bill will be deducted automatically from your account. To authorize your enrollment in the Electronic Direct Payment Program, please complete the form below and return one (1) copy, along with a voided check for the account from which your bill is to be deducted, to our office no later than the 15th of the month. **All applications received after the 15th will be held for activation with the next month's billing.

Name:				
	(As	it appears on your electric bill)		
Mailing Address: _				
City:		State:	Zip:	
Telephone Numbe	er:			
Frontier Power Ac	count Number(s) tha	t you wish to enroll:		
Visa/Mastercard/Discover Number:		E:	Expiration Date:	
Bank Information Financial Institutio	n:			
Type of Account:	Checking	Account Number:		
	Savings	Routing Number:		

I hereby authorize the Frontier Power Company to instruct my financial institution to allow electronic deductions for the purpose of paying my electric bill on the 8th of every month. This notice will remain in effect until I notify the Frontier Power Company, in writing, to cancel. I also understand that I am responsible for the notification of any account changes, and may be charged normal charges of \$25.00 for each transaction for funds not being available or closed account.

Signature:		Date:	
Signature:	(Required if bank account is joint account)	Date:	