

SVEC Eazy Pay Authorization Form

(Please fill out completely and return to SVEC along with a voided check or deposit slip)

Consumer Name (as shown on bill) _____ Acct # _____

Billing Address _____

_____ Contact Phone # _____

Note: If you have more than one SVEC account number please list all accounts that you wish to be included in the Eazy Pay plan

Bank Acct # _____ Bank Name _____

Name of Acct Holder _____

___ Checking account (enclose voided check) ___ Savings Account (enclose deposit slip)

I authorize the financial institution named above to accept the transfer instructions and to deduct the amount due to SVEC from my checking/savings account as indicated to pay my bill or credit my account.

I further understand that if at any time I decide to discontinue the Eazy Pay plan I will notify SVEC in writing.

Enclose voided check/deposit slip and return form to:

Signature (Authorized Bank Account Holder)

SVEC

Attn: Eazy Pay Plan

PO Box 236, Mt. Crawford, VA 22841

Date