

Automatic Payment Plan Enrollment Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

REMC Account Number _____

Name of Your Bank _____

Bank Account Number _____ Checking _____ Savings _____

I authorize Wabash County REMC to draw monthly bank drafts on my account shown above for the payment of my electric bill. I am aware I may discontinue participating in the Automatic Payment Plan by notifying Wabash County REMC in writing. I also understand Wabash County REMC may at any time withdraw its offer to provide the Automatic Payment Plan service, and reserves the right to place limitations on who may participate in the APP payment service.

Signature _____ Date _____

Please send a voided check when returning this form to:

Wabash County REMC
350 Wedcor Ave.
Wabash, IN 46992
563-2146 or
800-563-2146