



Dear Customer,

Thank you for your interest in AES Ohio's Bank Plan program. To establish the bank plan, we will need a voided check if you are using your checking account or a bank deposit slip if you are using your savings account.

Please return the application attached to the voided check or deposit slip from your financial institution to:

AES Ohio  
Attn: Customer Resource Center  
P.O. Box 1247  
Dayton, Ohio 45401

After we receive this form, we can process your request. Your monthly payment will be deducted from your bank account on the due date of each current bill.

If you have any additional questions, please call us at 937-331-3900 or 1-800-433-8500.

Sincerely,  
Customer Resource Center

**THE AES OHIO BANK PLAN AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**

*PLEASE CHECK ONE*

Yes, I want Bank Plan and am presently on Budget Billing

Yes, I want Bank Plan and want to join Budget Billing

Yes, I want Bank Plan but do not want Budget Billing

*PLEASE CHECK ONE*

Checking  Savings

Full Bank, Credit Union  
or Savings & Loan Name \_\_\_\_\_

City \_\_\_\_\_ Bank Account Number \_\_\_\_\_

State \_\_\_\_\_ AES Ohio Account # \_\_\_\_\_

**\*The signature below authorized AES Ohio to initiate withdrawals from the customer's account (identified by the enclosed voided check) for payment of AES Ohio bills and authorized the financial institution to charge such withdrawals to the customer's account. The customer will be informed of any adjustments affecting the bank deduction. This authorization will remain in effect until notice of termination is given to AES Ohio.**

Name(s) \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_

\*Signature \_\_\_\_\_