



AUTO PAY

Authorization Form

Account Number _____
(as it appears on your electric bill)

Name _____
(as it appears on your electric bill)

Address _____

City _____ State _____ Zip _____

Select one:

Checking Account Savings Account

Name on Account _____

Routing Number _____ Account Number _____
(Please print legibly – a copy of a voided check is recommended for accuracy)

Example:

		1001
	Date	_____
Pay to the order of	_____	
_____ Dollars		
Memo _____		
I: 123456789 :I	I: 123456789 :I	1001
(Routing Number)	(Account Number)	(Check Number)

Signature: _____ Date: _____

Please complete this form and return it to Citizens' office.

Mail to:
Citizens' Electric Co.
1775 Industrial Blvd
Lewisburg, PA 17837

Fax: (570) 524-5887
Email: billing@citizenselectric.com