



## APPLICATION FOR BILLING BUDGET AND AUTO PAY

<b>Budget Billing Information:</b> (customer qualifications) <ol style="list-style-type: none"> <li>1. Be a residential customer for 12 months</li> <li>2. Not have arrears</li> <li>3. Not have missed more than one payment during the past 12 months</li> <li>4. Not have issued a bad draft/check to Santee Cooper during the past 12 months</li> <li>5. Not have been removed from Budget Billing during the past 12 months</li> </ol>	
I (We) hereby authorize Santee Cooper to place my (our) payment for the monthly electric bill on (Select only one of the following choices):  <input type="checkbox"/> Budget Billing <input type="checkbox"/> Auto Pay Billing	Type of Bank Account: <i>(select only one)</i>  <input type="checkbox"/> Checking (include voided check) <input type="checkbox"/> Savings Account
Name on Account:	
Address:	Street/P.O. Box:
	City: _____ State: _____ Zip: _____
	Country: _____ Day Phone: _____
E-mail:	Would you like to receive information on programs and services Santee Cooper offers via e-mail/mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security No.:	Electric Account No.:
Auto Pay Information:	Santee Cooper Identification No. 57-6000917
Bank Name:	Branch:
Bank Transit/ABA No.:	Bank Account No.:
Bank Address:	Street/P.O. Box:
	City: _____ State: _____ Zip: _____

**Note: If your monthly electric bill exceeds your maximum auto pay amount, your account will be drafted for the maximum amount and YOU will be responsible for the balance due.**

To Be Completed By Santee Cooper
Monthly Budget Payment:
Maximum Auto Pay Amount:

Customer Signature: \_\_\_\_\_

Application Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Select: >>

Mailing Address: