



11901 Lakeside Dr
 Fishers, IN 46038-1316
 Phone (317) 577-2300
 Fax (317) 577-0089

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Hamilton Southeastern Utilities Inc., hereinafter called ("**HSE**"), to initiate debit entries to my (our) **Checking account** / **Savings account** (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Accounts are processed on the **15th** each month unless it falls on a weekend or holiday. The ACH will then be processed on the next business day. Incorrect information or lack of funds when ACH draft is processed will result in a **\$20.00 fee** *and will be added along with the amount of the failed debit to your next scheduled months' amount to be debited.* If there are changes to your account, please notify **HSE** five (5) business days prior to the **15th** of the month so the necessary changes can be made.

BANK / DEPOSITORY INFORMATION:

BANK / DEPOSITORY NAME		
CITY	STATE	ZIP
ROUTING NUMBER	ACCOUNT NUMBER	

This authority is to remain in full effect until **HSE** has received written notification from me (or either of us) of its termination in such time and manner as to afford **HSE** and **DEPOSITORY** a reasonable opportunity to act on it.

NAME(S)	PHONE NUMBER		
EMAIL ADDRESS			
SERVICE ADDRESS	CITY	ST	ZIP
SIGNATURE	DATE	HSE ACCOUNT NO.	

IF YOU ARE UNSURE OF YOUR BANK ACCOUNT OR ROUTING INFORMATION, PLEASE ATTACH VOIDED CHECK (**IMAGE OF CHECK**) TO THIS FORM

Please complete this form and return to **HSE Utilities, PO Box 6330, Fishers, IN 46038.**