



DISCOVER THE EASE OF GMP'S AUTOMATIC PAYMENT PLAN

One of the easiest ways to pay your bill is to have the payment automatically deducted from your bank account each month. If you sign up for GMP's automatic payment plan, your payment will be deducted from your checking or savings account approximately 20 days after your billing date. You will still receive a bill from GMP so that you know your usage and bill amount. If there is a billing error, the adjustment will be reflected on the following month's statement.

It is easy to sign up. On the form below, check whether you want the payment to come out of your checking account or your savings account, fill in your GMP account number(s), and give us your name, address and phone. If you choose to have the payment from your checking account, please be sure to enclose a voided check. If you choose your savings account, please be sure to include your savings account number.

This program is not available on a month-to-month or occasional basis. Once you sign up, the payment will occur each month, unless you decide to leave the program. If your checking or savings account has insufficient funds, the payment cannot be processed. If this happens more than once, your account(s) will revert to standard payment options.

The automatic payment may take up to 2 billing periods to take effect. This gives GMP and your financial institution time to verify that all the information given is correct. **Please continue to pay your bills in your usual manner until your billing statement indicates "DO NOT PAY checking/savings is being drafted for amount owed".**

We hope you enjoy the convenience this service offers. If you have any questions, please feel free to call GMP toll-free at 1-888-TEL-GMPC (1-888-835-4672).

Please return this with your payment, or mail to: Green Mountain Power, 163 Acorn Lane, Colchester, VT 05446 Attn: Customer Accounting

Direct Debit from checking account (please enclose a voided check)

- or -

Direct Debit from savings account, (please include the following:)

Financial Institution Name _____

Financial Institution Number _____

Savings Account Number _____

GMP account number(s) _____ - _____

_____ - _____

Name _____ Daytime Phone _____

Service Address _____

City/town _____, VT Zip _____

Authorization signature _____ **Date** _____