



## 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, or you can sign up for e-billing directly on our website, so that you know your monthly 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 for the Automatic Payment plan. Simply print this form, fill in the blanks below, be sure to sign at the bottom, and mail it back to us.

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 Automatic Payment Plan will be cancelled and 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). You may fax -to 802-770-3498 or mail to the address below:

Green Mountain Power  
Attention: Customer Accounting  
2152 Post Rd  
Rutland, VT 05701

Direct Debit from checking account - or-  Direct Debit from savings account

GMP account number \_\_\_\_\_

Email address \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

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

Customer Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

City/town \_\_\_\_\_ VT Zip \_\_\_\_\_

Authorization signature \_\_\_\_\_ Date \_\_\_\_\_