

E-Z PAY PAYMENT PLAN FOR GOSHEN UTILITIES

I HEREBY AUTHORIZE GOSHEN UTILITIES AND THE FINANCIAL INSTITUTION NAMED BELOW TO INITIATE ENTRIES TO MY CHECKING/SAVINGS ACCOUNT. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I NOTIFY GOSHEN UTILITIES IN WRITING TO CANCEL IT IN SUCH TIME AS TO AFFORD THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

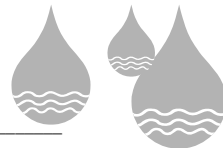
Customer name as it appears on bill

9-digit account number from bill

() Home telephone number

Service address (street/city/ZIP code)

() Work telephone number



Name of your financial institution

Address (street/city/ZIP code)

() Financial institution telephone number

Checking or Savings

Financial institution transit & routing number (first number before your account number)

Account number at your financial institution

PROVISIONS AND SERVICE AGREEMENT FOR GOSHEN UTILITIES
AUTOMATIC DEBIT BILL PAYMENT SERVICE: E-Z PAY

Payment notice and billing questions: Your monthly bill will be mailed to you as usual. From that day, you will have adequate time to plan for your automatic payment, or contact Goshen Utilities at 533-9399 if there is any question about your bill.

Stop payments and/or canceling payment plan: In addition to questioning any statement, you also may stop an automatic payment by notifying Goshen Utilities at least **four business days BEFORE the payment is due**. If you stop E-Z PAY, you will have to re-apply and start the application process over, please realize that one month's grace period is necessary before money is withdrawn from your account. If you stop payment with your financial institution, and do not notify Goshen Utilities, you are responsible for any charges this may involve from the financial institution and the Goshen Utilities Office. If you change banks or your bank account number changes, you must let us know at least four business days before your bill is due or you are responsible for any charges from your bank and the Goshen Utilities Office. We will accept only two applications per address in a 12-month period.

Record of payment: The amount and date of your automatic payment will show on your regular financial institution statement. This is your proof of payment. If there is a question about a payment, or if the amount differs from your bill, you must notify your financial institution and us within 60 days of the date of the statement on which the error is first reflected in order to initiate an investigation.

Availability of funds: You are responsible for having sufficient funds in the indicated account on the payment date. The Utility Office will charge your account should your payment be returned for reasons including, but not limited to, insufficient funds, stop payment and closed account. (In addition, your automatic debit bill payment service may be cancelled if you miss a payment or if two payments are returned in a 12-month period.)

Payment date: The appropriate funds will be transferred from the account you have designated on your application. If a payment is due on a weekend or holiday, your account will be debited on the next business day.

Termination: This authorization will remain in effect until we receive written notice from you 30 days prior to the cancellation date or until your service has been terminated.

Account address change: To ensure timely payments, please notify us of any account or address changes. You are responsible for submitting a new application when an account or address change occurs.

When will this take effect: Watch your bill; it will tell you when E-Z PAY starts.

Cost to the customer for this service: NONE.

Printed name

Signature

Date

** Return this application with your voided check to: Goshen Utilities, P.O. Box 238, Goshen, IN 46527-0238

