



Dear Customer:

You recently requested an enrollment form for SEMCO ENERGY Gas Company's Direct Payment Plan for the account listed below:

NAME: _____

SERVICE ADDRESS: _____

CITY & STATE: _____ ZIP: _____

PHONE NUMBER: _____

ACCOUNT NUMBER: _____

By enrolling in the Direct Payment Plan, you are authorizing SEMCO ENERGY Gas Company to debit the designated bank account below and automatically pay the amount due on your billing statement each month. Once enrolled, your monthly billing statement will provide the amount due and date of the automatic debit. Until you receive this notification on your billing statement, continue to pay your bill normally. Please complete, sign, and return this form by fax or email, as instructed below.

NAME OF FINANCIAL INSTITUTION _____

ABA/ROUTING NUMBER _____

ACCOUNT NUMBER _____ CHECKING/SAVINGS (circle one)

This authority is to remain in effect until SEMCO ENERGY Gas Company has received notice of my intent to cancel participation in the Direct Payment Plan. I understand that I must give notice of cancellation or make any account changes no less than 10 days before my due date. Changes made less than 10 days in advance are subject to any incurred charges at my financial institution. SEMCO ENERGY Gas Company has the right to automatically discontinue my participation in the Direct Payment Plan if any payments are returned for non-sufficient funds.

SIGNATURE _____ DATE _____

Return your completed form in one of the following ways:

Fax: 810-887-4267

Email: direct.pay@semcoenergy.com