



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 each billing period to automatically pay the amount due on your monthly SEMCO billing statement. SEMCO will advise you on the billing statement message of the amount and date the payment will be automatically debited. Until you receive notice on your billing statement continue to pay your bill normally.

NAME OF FINANCIAL INSTITUTION _____
ABA/ROUTING NUMBER _____
ACCOUNT NUMBER _____ CHECKING/SAVINGS
(Circle one of the above)

This authority is to remain in effect until SEMCO has received notice of my intent to cancel participation in the Direct Payment Program. 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 Program if any payments are returned for non-sufficient funds.

SIGNATURE _____ DATE _____

SEMCO ENERGY Gas Company
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Port Huron, MI 48061-5004
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Phone 800-624-2019