

I authorize Delmarva Power to automatically debit my bank account monthly under the Direct Debit Plan. I understand that this agreement may be terminated by me at any time by written or verbal notification to Delmarva Power. Any incorrect charges will be corrected upon notification to Delmarva Power. If corrections are necessary, it may result in a credit or debit to my checking account.

Please sign below exactly as your name(s) appears on your checking account.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Customer Information

Delmarva Power  
Account Number \_\_\_\_\_

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Financial Institution Information

Checking  
Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bank Phone \_\_\_\_\_