

EFT Application Form

NYSEG Account # _____ - _____ - _____

Name (exactly as it appears on your bank statement) _____

Address _____

City _____ State _____ ZIP _____

Bank Account Number _____

Bank Name _____

>> Please attach a copy of a voided check.

Authorization

I authorize NYSEG to make arrangements with the bank or financial institution specified on this form to deduct my NYSEG payments, including any previous balance, from my checking account. I also understand that I may discontinue participation in the electronic funds transfer service at any time by informing NYSEG of my intentions in writing, using the address listed on the back of my NYSEG bill.

Signature _____ **Date** _____

Mail Form and Voided Check to:

NYSEG
P.O. Box 5240
Binghamton, NY 13902-5240