

Detach this panel and mail with your next OG&E payment.

YES! I want the convenience of Automatic Payment Withdrawal.

Please print.

OG&E account number _____

Name on OG&E account _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone () _____

Circle one: Checking Account

Savings Account

IMPORTANT: PLEASE RETURN A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP WITH THIS FORM TO ENSURE ACCURATE PROCESSING.

I authorize OG&E Electric Services to begin deductions from my account with the financial institution named for payment of my OG&E bills. I understand that I have the right to cancel automatic payment of my OG&E bills by providing timely written notice to OG&E and /or my designated financial institution prior to the time my account is charged. I understand that OG&E and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

Signature _____

Date _____