



Welcome to ElectriCheck! The Automated Bill Payment Program

Once enrolled, we will deduct the amount you have selected from your bank account each month on the bill due date. Please complete all sections.

Please check **ONE** box:

I elect to have my **Budget Amount** - or - **Total Amount Due** automatically paid via ElectriCheck.

13 digit Account # ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Customer Name (as it appears on your bill) _____

Service Street Address _____

City, State, Zip _____

Daytime Telephone Number ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Evening Telephone Number ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Email Address: _____

Check **ONE** account below from which payment will be automatically deducted each month:

Checking Account (Enclose a blank check marked "VOID")

Statement Savings Account (Enclose a deposit ticket marked "VOID") No passbook accounts

If you are currently contributing to the **\$1 Energy Fund***, we will continue to make the deduction. If you would like to start contributing, simply check one of the amounts below to indicate how much you would like to have deducted from your bank account each month. **Please choose only one:**

\$1 _____ \$2 _____ \$3 _____ \$5 _____ \$10 _____

*A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1(800)-732-0999. Registration does not imply endorsement.

Sign and date the completed form and attach a voided check or deposit slip
Fax: 412-393-5536

OR

Mail directly to: Duquesne Light, Box 1916, Pittsburgh, PA 15230-1916

Signature _____ **Date** _____

Authorization Agreement for Preauthorized Payments

I hereby authorize Duquesne Light Company to initiate withdrawals from my account at the financial institution specified in this application for payment of Duquesne Light Company monthly electric bills for either the Budget Amount or the Total Amount Due as noted, and authorize the financial institution to charge such withdrawals to my account. I understand that both the financial institution and Duquesne Light reserve the right to terminate this payment plan and/or my participation therein. I also understand that I may discontinue enrollment at any time with written notice to Duquesne Light.

**For more convenience, consider our free e-Bill service!
Online access from anywhere – visit www.duquesnelight.com**