

Mail Form to:
Delmarva Power
Remittance Processing
5 Collins Dr, Suite 2048
Carneys Point NJ 08069

Please insure that you include
a voided check so that we can
record your banking information.

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 _____