

SIGN UP FOR DIRECT PAYMENT

Please complete **ALL** sections, sign and return this form:

I authorize the company(ies) indicated to instruct my banking/savings institution to make my payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the biller.

(PLEASE PRINT)

Name (as shown on bill) _____ Date _____

Service Address _____ City _____ State _____

SIGNATURE _____ Phone _____ Zip Code _____

Account Information: (Bank, Savings & Loan, Credit Union)

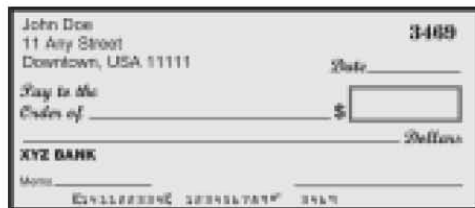
Enter the **Routing Number**, **Account Number** and **Financial Institution** name from your check or share draft. (See sample at right.)

Routing Number

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Account Number: _____

Financial Institution: _____



Routing Number **Account Number** (serial #)
Do Not Include

Biller Information: Participating billers are listed at the bottom of the page

PLEASE ALLOW 4-6 WEEKS

***** Biller #, biller name and account # are required to process this application *****

BILLER #	PRINT NAME OF BILLER	BILLER'S ACCOUNT #
123 (EXAMPLE)	ABC Company (EXAMPLE)	1-234-5678-9 (EXAMPLE)
_____	(CABLE)	_____
_____	(ELECTRIC)	_____
_____	(GAS)	_____
_____	(TELEPHONE)	_____
_____	(WATER)	_____

You can also enroll through: www.DirectPaymentPlan.com

We Energies Biller Numbers:

We Energies (Michigan)	M1102
We Energies (Wisconsin)	W1102
We Energies Water Services	W1505

Send to: DIRECT PAYMENT PROGRAM MN/WI
CUSTOMER SERVICE DEPARTMENT
P.O. BOX 359
NOVELTY, OH 44072-0359

Please do not enclose payment. Continue to pay your monthly bill until the "DATE DUE" section of your We Energies bill has changed to "WITHDRAWAL DATE."