

Automatic Payment authorization agreement

I authorize the financial institution named below to make deductions from my account for payment of my PNM bill.

- I understand that I can discontinue participation in the Automatic Payment program by calling PNM at (888) DIAL-PNM (888-342-5766).
- I also understand that monthly withdrawal will take place on the date the bill is due.

Mail this completed form to:

PNM, Automatic Payment, Main Offices, Albuquerque, NM 87158-0525

NAME OF YOUR BANK, SAVINGS AND LOAN, OR CREDIT UNION

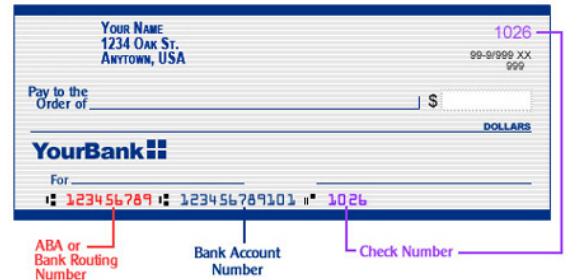
CHECKING OR SAVINGS ROUTING AND ACCOUNT NUMBER FROM WHICH THE WITHDRAWL WILL BE MADE (BEGINNING WITH THE FAR LEFT DIGIT)

CHECKING - ABA or BANK
ROUTING NUMBER (9 digits)

CHECKING - BANK
ACCOUNT NUMBER

SAVINGS
ROUTING NUMBER (9 digits)

SAVINGS
ACCOUNT NUMBER



YOUR NAME (AS SHOWN ON FINANCIAL INSTITUTIONS RECORDS)

ADDRESS

DAYTIME PHONE NUMBER

CITY

STATE

ZIP

NAME ON PNM ACCOUNT

PNM ACCOUNT NUMBER (AS SHOWN ON YOUR BILL) 17 digits

SIGNATURE (AS SHOWN ON FINANCIAL INSTITUTION)

