South Jersey Industries

Where we put all of our energy®

Direct Draft Authorization

I. Action

- ☐ New Enrollment
- ☐ Change to Enrollment
- ☐ Termination of Enrollment

Mail completed form to:
South Jersey Industries
Shareholder Records Department
1 South Jersey Plaza
Folsom, New Jersey 08037
Toll Free: 1(888)754-3100

II. South Jersey Industries, Inc. Stockholder Account Information

Account Registration *(Please Print)* _____
Account Address _____
Account Number _____

III. Financial Institution Banking Information

Bank Name *(Please Print)* _____ Branch _____

City _____ State _____ Zip Code _____
Bank Telephone Number _____

ABA Routing/Transit Number:

					-						-	

Type of Account: ☐Checking Account ☐Savings Account

Checking/Savings Account Number _____

Monthly Cash Payment Amount: $ _____
($25 minimum per month; not to exceed $100,000 in a calendar year)

IV. Agreement/Authorization

I, (we) authorize South Jersey Industries Inc. (SJI) to initiate monthly withdrawals against my (our) account at the financial institution stated therein, ten (10) business days prior to the scheduled investment date, by electronic funds transfer and to apply those funds to the SJI Dividend Reinvestment Plan account specified herein, for the purchase of SJI common stock. I (we) also authorize SJI to initiate corrections to any amounts transferred in error and I (we) waive any claim, without limitation, against SJI or my (our) financial institution with the respect to the operation of this service. This authorization will remain in effect until I (We) give written notice to terminate or revise it. I (we) understand that both SJI and my financial institution reserve the right to terminate this service or my participation therein. I (we) understand that I (we) bear the responsibility for notifying SJI of changes in financial institution information by providing SJI with a new Direct Draft Authorization form revising these instructions. I (we) will allow SJI a reasonable amount of time for initiating, revising or canceling Direct Draft. I (we) understand that our bank statement serves as our receipt. The company does not send an acknowledgment of the withdrawal.

_____ _____
Shareholder Signature Date

_____ _____
Shareholder Signature (All registered parties, must sign.) Date

Daytime Telephone # _____

************PLEASE ATTACH A VOIDED CHECK ************