

**Vectren Corporation**  
**Authorization for Dividend Reinvestment**

Pursuant to the terms and conditions of the Vectren Corporation Automatic Dividend Reinvestment and Stock Purchase Plan (the "Plan"), I hereby authorize National City Bank as my agent, to apply cash dividends on my behalf to the purchase of shares of Vectren Corporation Common Stock as designated below.

\_\_\_\_\_ **Full Dividend Reinvestment** - Dividends on all certificated and Plan shares are to be reinvested. I may make voluntary cash payments toward the purchase of additional shares.

\_\_\_\_\_ **Voluntary Cash Payments Only (No Dividend Reinvestment)** – I shall from time to time make cash payments to purchase additional shares. Dividends on both certificated shares held by me and Plan shares held in my account are to be paid to me.

\_\_\_\_\_ **Partial Dividend Reinvestment** -- Dividends on \_\_\_\_\_ (enter number) of the aggregate number of certificated shares and Plan shares held in my account are to be paid to me. Dividends on all other certificated and Plan shares are to be reinvested.

\_\_\_\_\_ **An initial cash purchase payment of \$ \_\_\_\_\_ is enclosed (Minimum \$500 required).**

\_\_\_\_\_ **Please deposit the enclosed certificate for safekeeping.**

\_\_\_\_\_ **Monthly Automatic Direct Debit Plan.** *(If checked, please read below and enter dollar amount.)*

The Monthly Automatic Direct Debit Plan option allows participants to direct the agent to automatically debit a checking or savings account each month, and purchase shares of common stock of the Company. The amount of this deduction shall not be less than \$25.00 per investment nor more than \$100,000.00 per year. Please indicate below the amount you wish to have automatically deducted from your checking or savings account each month. **Checking and savings accounts will be debited the 15th of each month for investment beginning on the first day of the following month or the next trading day if any such date should not be a trading day.**

Monthly Deduction:      \$        .

You must attach a voided check or deposit slip from your account in order to participate in the Monthly Automatic Direct Debit Plan.

Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Please print your name

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Note: All owners must sign exactly as registered on the account.)

**Mail this authorization to: National City Bank, Dept. 5352**  
**Reinvestment Services**  
**P O Box 94946**  
**Cleveland OH 44101-4946**