



**THIS FORM MUST BE PRINTED BEFORE COMPLETING.**

**Return form with a voided check to**

**SCANA Corporation, Shareholder Services MC D131, Columbia SC 29218**

**Investor Plus Plan**

<b>Automatic Bank Draft Form</b>	<p>Note: Use this form only if you are currently enrolled in SIPP. If you are not enrolled, please contact Shareholder Services for a complete package.</p>	<p><b>Contact Numbers</b>  <b>(803) 217-7817 (Columbia)</b>  <b>(800) 763-5891 (Toll Free)</b>  <b>9:00 am – 4:00 pm EST Monday – Friday</b>  <b>(803) 217-7389 (Fax Number)</b></p>
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SCANA Corporation wants to make investing in our common stock easy for Plan participants, and we now offer a new program for our shareholders. If you would like to make monthly optional cash investments, the Automatic Bank Draft mentioned in the Plan prospectus is now available to all Investor Plus Plan participants. Don't worry about your check being lost in the mail or missing the deadline.

With Automatic Bank Draft, the designated amount for your monthly cash investment will be drafted from your account on or about the 25<sup>th</sup> of each month. As always, your Plan statement will reflect the amount of your optional cash investment.

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**Authorization**

I/We authorize SCANA Corporation to draft against my/our bank account for investment in the Company's SIPP to purchase SCANA Corporation common stock. Until this authorization is revoked by written notice to SCANA and my/our bank, I/We agree that SCANA shall be fully protected in honoring any such draft. I/We also agree that if any such draft be dishonored, whether with or without cause, and whether intentional or inadvertent, SCANA shall be under no liability whatsoever. If I/we decide to terminate participation in the Automatic Draft Program, I/we agree to notify SCANA 20 days in advance of the automatic draft date.

The foregoing is a summary of one of the features of our SIPP. Offers to participate in the Plan are made only through the Plan prospectus filed with the Securities Exchange Commission, which contains a complete description of the Plan. You may receive a Plan prospectus by request.

**IMPORTANT.** Attach a voided check and complete **ALL** requested information below. Be sure to include your ABA Routing Number which can be obtained from your financial institution.

\_\_\_\_\_  
SCANA Account Number

**BANK INFORMATION**

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch Phone Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Type of Account (Savings, Checking)

\_\_\_\_\_  
ABA Routing No. (Obtain this number from your bank)

\_\_\_\_\_  
**\*\*Amount to be Drafted Each Month\*\* (\$25 Minimum)**

**SHAREHOLDER INFORMATION**

\_\_\_\_\_  
Name of Shareholder Account

\_\_\_\_\_  
Name of Shareholder Account (Joint Account)

\_\_\_\_\_  
Last 4 Digits of Social Security Number

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Signature(s) (Joint Account)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date