

AutoPay

Authorized Agreement for Pre-arranged Electric Bill Payments

I (we) authorize LCEC to begin debits to the bank account listed below. I authorize the bank to debit the amount of my monthly electric bill. I have the right to stop payment of a charge within seven days of receiving my bill from LCEC. I am responsible for notifying both LCEC and the bank of this stop-payment request.

This authorization is to remain in effect until I notify LCEC in writing of its termination. My notification must afford the bank a reasonable opportunity to act on it. Both LCEC and the bank also may terminate this agreement with 10 days written notice.

Name* _____

Last

First

Middle

*as it appears on your electric bill

Social Security or FED ID number _____

Address of electric service _____

Account number for electric service _____

Phone number (____) _____

Bank name _____

*Funds must be drawn from a U.S. bank

Bank account number _____

Bank routing number _____

Signature(s) _____

Date _____

Please attach a check from your checkbook with "VOID" written across it and mail it to the address below.

Continue to pay your bills until the bill states "Do Not Submit a Payment."

Mail to:

LCEC

P.O. Box 3455

North Fort Myers, FL 33918-3455

Office use only: Date _____ LCEC Rep _____