

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 that is a member of the National Automated Clearing House Association (NACHA)

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. **LCEC account balance must be zero to process application.** To receive a deposit waiver, the account must remain on AutoPay for at least 12 months or the deposit will be reinstated. AutoPay option does not apply to deposit amounts already paid.

**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 _____