

Lacreek Electric Association, Inc. Reoccurring ACH Authorization

Please circle the date for your payment to be withdrawn:

On or after the 3rd of each month

On or after the 20th of each month

Name as it is on your card/bank account: _____

Address: _____

Phone number: _____ Cell phone number: _____ E-mail: _____

Lacreek Electric account number(s) found on the top right corner of your statement(s)

*If you are set up on auto payment plan to avoid a deposit your ACH payment **must not** be declined for payment due. If your ACH payment is declined the current bill plus the deposit will be due immediately to avoid disconnection for Nonpayment.*

I authorize Lacreek Electric Association Inc. to initiate electronic entries to my banking account and agree to the terms listed on the authorization form, for payment of my electric bill.

This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford the Lacreek Electric a reasonable opportunity to act on it.

Signature

Date

This institution is an equal opportunity provider and employer.

----- **We will NOT keep information below on file** -----

ATTACH A VOIDED CHECK

Checking or Savings Information:

Bank Name: _____

Bank Address: _____

Bank Address: _____

Bank Routing No. _____

Bank Account No. _____