



Account Debit Authorization

I (we) hereby authorize Lewis County Rural Electric Cooperative to initiate debit entries to my (our) account indicated below and the financial institution named below to debit the same to such account for payment of my monthly electric account(s). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. ACH transactions will occur on the 10TH DAY OF EACH MONTH OR THE FIRST BANKING DAY AFTER THE 10TH of the month for bill due by the 15th of said month. A 20.00 SERVICE FEE WILL APPLY FOR ALL RETURNED TRANSACTIONS.

(Financial Institution Name)		(Branch)
(Address)	(City/State)	(Zip)
		Type of Account: <input type="checkbox"/> Checking
(Bank Routing)	(Bank Account Number)	<input type="checkbox"/> Savings

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

This authority is to remain in full force and effective until Lewis County Rural Electric Cooperative has received written notification from me (or either of us) of its termination in such time and manner as to afford Lewis County Rural Electric Cooperative and my Financial Institution a reasonable opportunity to act on it.

ACCOUNT NUMBER OF ALL ACCOUNTS TO BE WITHDRAWN FROM THIS CHECKING ACCOUNT:

PHONE NUMBER: _____

PRINT INDIVIDUAL NAME (S)

SSN NUMBER(S)

SIGNATURE(S)

Office Use Only:

Account Name: _____

Account Number: _____

Last Revised Web: 01/18/11