

Direct Payment Plan

Direct Payment Plan Authorization Form

I authorize Lyon-Lincoln Electric Cooperative, Inc. to deduct my monthly electric bill from my checking or savings account as indicated below. I understand my payment will be deducted on the 5th day of the month, or the next business day if the 5th falls on a weekend or holiday. I understand that I may terminate my participation in the Direct Payment Plan at any time by providing written notification to the Cooperative.

If you have more than one account with us and wish to pay all accounts by the Direct Payment Plan, please record all of your account numbers on the form below.

Please enclose a DEPOSIT SLIP (preferred) or a VOIDED CHECK for the bank account from which you want payment to be deducted. **PLEASE PRINT:**

Account Number(s) _____

Name _____

City _____ State _____ Zip _____

Phone Number _____

Social Security Number _____

Deduct from: Checking Savings

(Please mark the option that you wish to use for Direct Pay)

Signature _____

Date _____