

# LCEC AutoPay Authorization Form

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 written notice.

Save time! Enroll online at [www.lcec.net](http://www.lcec.net) Account Access. Voided check not required for enrollment.

Name\* \_\_\_\_\_  
Last First Middle

\*as it appears on your electric bill

Last four digits of 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 with "VOID" written across it and mail or fax 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 deposit-waiver option is for existing, active accounts only and applies only to deposit amounts that have not been billed yet.

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

Mail to:  
LCEC Customer Care  
P.O. Box 3455  
North Fort Myers, FL 33918-3455

Fax to:  
239-995-4287

[www.lcec.net](http://www.lcec.net) - Sign up for paperless billing!

Office use only: Date \_\_\_\_\_ LCEC Rep \_\_\_\_\_