



Lincoln Electric Co-op Eureka, Montana

PO Box 628
Eureka, MT 59917
Phone (406) 889-3301
Fax (406) 889-3874

This Box for Office Use Only:

Member Name: _____

Member Number: _____

Direct Payment "AutoPay" Request and Authorization

I authorize Lincoln Electric Cooperative, Inc. to initiate variable entries to my account identified below for payment of my electric bills. In making this authorization, I agree to all terms below.

Please check the day of the month to process payment:

5th 10th 15th 20th

First Payment Date (mm/dd/yy): _____

Name (As it appears on electric bill): _____ LEC Account: _____

Customer Address: _____

Financial Institution/Credit Card Name: _____

Bank Account Savings Account Credit Card – Exp. Date _____

Account #: _____ Date of Application _____

Authorized Signature: _____

Home Phone: _____

Work Phone: _____

**For bank and savings accounts, please attach a voided check
to the back of this application.**

I hereby authorize the financial institution listed above to pay my monthly electric bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to Lincoln Electric prior to charging my account. I understand, however, that both the financial institution and Lincoln Electric reserve the right to terminate