LANE ELECTRIC COOPERATIVE

ELECTRONIC FUND TRANSFER PAYMENT AUTHORIZATION

After completing the authorization form, please return it to *Lane Electric Co-op, PO Box 21410, Eugene OR 97402*. Please read the following information completely, and allow a minimum of five (5) working days for processing. **PLEASE ATTACH A VOIDED OR CANCELLED CHECK (NOT A DEPOSIT SLIP) TO THIS FORM**. **PLEASE DO NOT SEND IN A PAYMENT WITH THIS FORM**, this may result in a missed payment and a late fee. THANK YOU.

I authorize Lane Electric Co-operative, Inc. to debit my financial institution listed below in the full amount of my bill each month. I understand that it is my responsibility to contact Lane Electric with my new bank information, if I wish to continue EFT. Either the Co-operative or my self may terminate this payment option at any time.

Processed payments returned unpaid are subject to late fees & NSF charges.

LEC Account #(s): _____ Phone: ( )_____-_____

Name(s) on LEC Account: _____
(Please Print)

Service Address: _____
(City, State & Zip)

Mailing Address: _____
(City, State & Zip)

Name(s) on Bank Account: _____

Bank Name: _____ (Pick one to take out of) Checking: ☐ Savings: ☐

Bank Routing Code #: _____ Bank Account #: _____
(The routing code is a 9 digit number) (Do not include your check number in this part)

Signature _____ Date _____

YOUR WITHDRAWAL WILL TAKE PLACE ON THE 10TH OF EACH MONTH

_____ I choose to take part in the **Even-Pay (M)**** plan in order to make my billing amount the same each month. Reconciliation to a zero balance occurs on the 12th month.

_____ I choose to take part in the **Levelized-Pay (V)**** plan in order to make my billing approximately the same each month. No reconciliation month.

****Pending credit approval on account and 12 month history availability.**

Please call Lane Electric Co-operative at (541) 484-1151 if you have any questions regarding this form. Please retain a copy for you records.

Cycle #: _____

Bill Start Date: _____ **Funds Transfer Date:** _____

Budget: _____

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