

**LANE-SCOTT ELECTRIC COOPERATIVE, INC.**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT OF UTILITY BILL  
(ACH DEBIT)**

I (we) hereby authorize Lane-Scott Electric Cooperative, Inc. to initiate variable debit entries (and, if necessary, credit entries and adjustments for any debit entries in error) to my (our) account indicated below. I (we) also authorize the Financial Institution named below to debit and credit the same entries to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
(Financial Institution Name/Branch)

\_\_\_\_\_  
(Address) (City-State) (Zip)  
Type of Acct:  Checking  Savings \_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Transit/Routing Number\*) \*The Transit/Routing Number is located in the lower left hand corner of your check (usually the first 9 digits).

This authorization shall remain in full force and effect until Lane-Scott Electric Cooperative, Inc. has received written notification from me of its termination in such time and in such manner as to afford Lane-Scott Electric Cooperative, Inc. and the Financial Institution a reasonable opportunity to act on it. I understand that failure to ensure sufficient funds to cover the debit of my account for the amount listed on my utility bill is sufficient cause for termination of this agreement by Lane-Scott Electric Cooperative, Inc. Additional charges may be assessed to my utility account and Lane-Scott Electric Cooperative, Inc. may terminate my utility services in such circumstances.

\_\_\_\_\_  
Name (Please Print) Social Security Number  
\_\_\_\_\_  
Mailing Address Home Phone/Work Phone  
\_\_\_\_\_  
City, State, Zip Authorized Signature/Date

**LIST BELOW ALL ACCOUNTS TO BE AUTOMATICALLY DEBITED**  
(Attach a second page if needed)

\_\_\_\_\_  
Lane-Scott Electric Cooperative Account No. Lane-Scott Electric Cooperative Account No.

**Return the completed form to:**  
Lane-Scott Electric Cooperative, Inc.  
PO Box 758  
Dighton, KS 67839-0758

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**

-For Office Use Only-  
SASSB Setup By \_\_\_\_\_ Date \_\_\_\_\_  
ELSA Setup By \_\_\_\_\_ Date \_\_\_\_\_  
Acct #'s \_\_\_\_\_