

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH**

**(ACH DEBITS)**

I (we) hereby authorize **Lynches River Electric Co-Op** ("COMPANY"), to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

\_\_\_\_\_ Checking Account / \_\_\_\_\_ Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of Debit \_\_\_\_\_ as indicated on the monthly bill \_\_\_\_\_

Customers bank account will be drafted on the due date of their bill.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand the COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_ Signature(s) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name on Lynches River Account: \_\_\_\_\_

Lynches River Account Number(s): \_\_\_\_\_

**Please attach a voided check and return to:**

**Lynches River Electric Cooperative  
PO BOX 308 – 707 S Arant Street  
Pageland, SC 29728**