



Your Touchstone Energy® Cooperative

507 N. Union ~ P.O. Box 70 ~ McLouth, KS 66054
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www.ljec.coop

Authorization Agreement for Electronic Funds Transfer Bill Payment

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

Account # (s) \_\_\_\_\_

I/we hereby authorize Leavenworth-Jefferson Electric Cooperative, Inc. to initiate debit entries to my/our:

[ ] CHECKING ACCOUNT OR [ ] SAVINGS ACCOUNT
(Verify that your bank allows EFT's on a Savings Account)

Transit/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_
(IMPORTANT: ATTACH VOIDED CHECK)

[ ] VISA OR MASTERCARD CREDIT/DEBIT CARD

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

I/we understand our account will be debited on the 26th of the month (or the following business day should that date fall on a holiday or weekend). I must have funds available, or a sufficient open credit line, on that day.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This authority is to remain in full force and effect until Leavenworth-Jefferson Electric Cooperative, Inc. and Depository receives written notification from me (or either of us) of its termination in such time and in such manner as to afford Leavenworth-Jefferson Electric Cooperative, Inc. and Depository a reasonable opportunity to act on it. Leavenworth-Jefferson Electric Cooperative, Inc. reserves the right to withdraw this service at any time upon fifteen-(15) days written notice to the customer.

When your billing statement reads, "BANK DRAFT—DO NOT PAY", your account is set up for automatic bill payment. Accounts will be drafted on the 26th of each month.

OFFICE USE ONLY:
RECEIVED: \_\_\_\_\_
ENTERED: \_\_\_\_\_