

Automatic Payment Enrollment Form

Complete this form and mail it with your payment or bring it into our office at 127 N. Broadway. Your automatic payments can begin with your next month's bill.

Please Print

Name (as it appears on the bottom of your bill)

Customer Account Number (as shown on your bill)

Service Address (as shown at the top of your bill)

Mailing Address (if different than above) City State Zip

Daytime Telephone Number

This information is required for your enrollment

Name of Bank or Financial Institution

Please check one: Checking account Savings account

→ *Please attach a voided check or pre-printed deposit slip or contact your bank or financial institution to ensure the correct account number and routing number are provided*

Bank or Financial Institution Account Number (as shown on your check)

ABA Routing Number (9 digits at the bottom of your check)

I hereby authorize Lowell Light & Power (LLP) to deduct my utility payments from the checking or savings account I have indicated. I understand that the "total amount due" (including any adjustments) will be withdrawn on 15th of the month (or the next business day if the 15th falls on a weekend or holiday). I understand that I will continue to receive a monthly bill, and I will have time to contact the utility with any questions or concerns.

I understand that:

- I control my payments and that this authorization shall remain in effect until my final utility payment is paid or until I have notified LLP in writing that I wish to terminate this service.
- My account information will be kept confidential.
- If I change my bank or my account, I am responsible to notify LLP (in writing) and to complete any necessary authorization/change forms.
- Prior to the first automatic payment withdrawal, my account must be current and any past due amounts must be paid.
- LLP has the right to terminate this plan or terminate my automatic payment option if I do not fully comply with the terms of this written agreement.
- If my account incurs two returned electronic funds transfer transactions in a twelve-month period, I may be removed from the plan and may be ineligible for reinstatement.

Signature

Date

If payment is made by a third party... must be signed by the party authorized to access account