

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Customer Name:			
Mailing Address:			
City, State, Zip:			
Electric Service Account Number:			
Signature(s):		Date	2:
This authorization is to remain in full force and in mail, fax or internet notification from me (or eith to afford Lincoln County Power District No. 1 and on it.	er of us) of its tern	nination in such ti	me and in such manner a
Complete either Section A if you are setting up dare authorizing reoccurring charges to a credit/d		om a banking inst	itution, or Section B if you
SECTION A – CHECKING OR SAVINGS AUTHORIZ I (we) hereby authorize Lincoln County Power Di savings account at the depository financial instit listed above. I (we) acknowledge that the origina with the provisions of U.S. law. Depository Information	strict No. 1 to initia ution entered belov	v for the Account	Number and Service
Name:	Branch:		
City:			:
Routing No.:			
Account Type Savings: ☐ Checking: ☐			
SECTION B – CREDIT/DEBIT CARD AUTHORIZATI I (we) hereby authorize Lincoln County Power Di for the Account Number listed below. I (we) ack my (our) account must comply with the provisio Card Type Debit: Savings:	strict No. 1 to initia nowledge that the ns of U.S. law.	• •	•
Name(s) as appears on depository account/card			