

## LYON RURAL ELECTRIC COOPERATIVE

116 S. MARSHALL P.O. Box 629 **ROCK RAPIDS, IOWA 51246** PHONE: (712)472-2506

## Pay by Bank Authorization Form

ment of my electric bills. In making this aut n.	thorization, I agree to all the terms on the bottom of
Name(as it appears on Electric Bill)	
	Address
Ci	ity, State, Zip
Lyon Rural Electric C	Cooperative Account number(s)
Consumer f	Bank Account Number
Name of	Financial Institution
Financial Inst	itution Routing Number
Autho	orized Signature
Home Phone	Work Phone

I hereby authorize the financial institution listed above to pay my monthly electric bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my bank prior to charging my account. I understand, however, that both the bank and Lyon Rural Electric Cooperative reserve the right to terminate this payment plan or my participation therein.

PLEASE ATTACH A VOIDED CHECK PLEASE NOTE: PAYMENT PROCESSED ON THE 20<sup>TH</sup> OF THE MONTH