



Lagrange County REMC E-Z Pay Authorization Form

Name: _____ Acct #: _____

Address: _____

Phone # Home: _____ Business: _____

I, _____ authorize my bank to make

Monthly electric payments directly to the LaGrange County REMC and post

them to my Savings Account Checking Account

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

Please attach a voided check showing your account number and bank routing number.

I understand that if at anytime I wish to discontinue the E-Z Pay Plan, I will notify the LaGrange County REMC. I understand that this agreement can be terminated by either party upon thirty days written notice.

Customer Signature: _____

Date: _____