

Automatic Bank/Credit Card Draft Authorization (Simple Pay)

MEMBER'S NAME		CREDIT CARD INFORMATION
		TYPE OF CARDMASTERCARD
ADDRESS		CC ACCT #
		EXP. DATE
PHONE ACCOUNT# CYCLE#	LOCATION#	NAME AS LISTED ON CC
		ZIP CODE WHERE CC BILL IS SENT
		CVV2 #
		**CVV2# IS LISTED ON BACK OF CARD ON THE SIGNATURE LINETHE LAST THREE DIGITS (EXCEPT FOR THE AMERICAN EXPRESS CARD WHICH USES THE FOUR DIGITS ON THE FRONT OF THE CARD).

Yes, I would like to apply for the Automatic Bank/Credit Card Draft (Simple Pay) Program. I have completed the authorization form and attached my voided check or photocopy of credit card (front and back).

I, the undersigned member of Laurens Electric Cooperative, Inc. hereby request and make application to have Laurens Electric Cooperative, Inc. draft on my above electric account from

Conditions of This Agreement

This authorizes Laurens Electric Cooperative to continue drafting on my account until written notice is received to discontinue this procedure.

Member's Signature

Date

Approved For LEC

864.682.3141 1.800.942.3141 864.683.5188 fax

PO BOX 700 • 2254 HWY 14 • LAURENS, SC 29360 www.laurenselectric.com OUTAGE: 1.866.9RESTORE