



92 S. Main Str. • P.O. Box 219 • Lexington, TN. 38351 • Telephone 731-968-3662 • Fax 731-968-8988

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Lexington Electric System to debit entries to my (our) account indicated below and the Financial Institution named below to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____	_____
(Financial Institution Name)	(Branch)

(Address)	
_____	_____
(Routing/Transit Number)	(Account Number)

This authority is to remain in full force and effect until Lexington Electric System has received written notification from me (or either of us) of its termination in such time and manner as to afford Lexington Electric System and the Financial Institution a reasonable opportunity to act on it.

Date: _____

_____	_____
(Print Individual Name)	(Print Individual Name)
_____	_____
(Social Security Number)	(Social Security Number)
_____	_____
(Signature)	(Signature)
_____	_____
(Account(s) to this ACH agreement covers)	(Account(s) to this ACH agreement covers)
_____	_____
(Account(s) to this ACH agreement covers)	(Account(s) to this ACH agreement covers)
_____	_____
(Account(s) to this ACH agreement covers)	(Account(s) to this ACH agreement covers)

WE REQUIRE A COPY OF A VOIDED CHECK
Please attach, mail, or drop by the office