

Electronic Funds Transfer (Auto Pay) Enrollment Form

Please mail or fax completed form and check to Liberty Utilities at:

Attn: EFT Application
933 Eloise Avenue
South Lake Tahoe, CA 96150
Fax: (530) 544-4811

Name:

Service Address:

City/State/Zip:

Phone:

Email:

Liberty Utilities Account Number:

Bank Name / Branch:

Name(s) shown on bank account:

Bank Account Number:

Transit Routing Number:

(first 9 digits at the bottom left corner of your personal check)

An attached voided check is required for submission of application

Notice of your enrollment in Electronic Funds Transfer (Auto Pay) will appear on your bill within two billing periods. Please continue to make payments until a notice appears on your monthly statement.

Please be aware your bank statement will show the auto-draft under CA Pacific Elec.

I hereby authorize Liberty Utilities and the financial institution designated on this application to charge the account specified for payment on my monthly Liberty Utilities bill. I understand that I am in full control of the payment and have the right to stop payment by notifying Liberty Utilities in writing within five days after receiving a bill. I understand that for each payment returned a fee will be charged to my account. If two payment requests are returned, I will be removed from the program. **I (we) understand that Liberty Utilities is not responsible for over draft charges assessed from the applicant's financial institution.** In addition, I understand that both Liberty Utilities and my financial institution reserve the right to terminate my participation in this plan, potentially resulting in an assessed deposit on my Liberty Utilities account.

Signature: Date:

Signature #2: Date:

All parties responsible for bank account must authorize application.



Liberty Utilities®