



## Automatic Payments Application and Agreement

Please mail the completed form and check to Liberty at:

Attn: Automatic Payments Application  
P.O. Box 7002  
Downey, CA 90241

Name \_\_\_\_\_

Service Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Liberty 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 Automatic Payments 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 and the financial institution designated on this application to charge the account specified for payment on my monthly Liberty bill. I understand that I am in full control of the payment and have the right to stop payment by notifying Liberty 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 is not responsible for over draft charges assessed from the applicant's financial institution.*** In addition, I understand that both Liberty and my financial institution reserve the right to terminate my participation in this plan, potentially resulting in an assessed deposit on my Liberty account.

Signature #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature #2 \_\_\_\_\_ Date \_\_\_\_\_

All parties responsible for bank account must authorize application.