



Automatic Payments Application and Agreement

Please mail or fax completed form and check to Liberty at:
Attn: Automatic Payments Application
933 Eloise Ave
South Lake Tahoe, CA 96150
Fax: (530) 544-4811

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.