



Form 702
12/10

LES AUTOMATIC BANK BILLING

Please type or print and mail to Consumer Account Services, Lincoln Electric System, PO Box 80869, Lincoln NE 68501-0869 or fax to 402.742.4891. *Please attach a voided check from your financial institution.*

Authorization Agreement for Pre-Authorized (ACH) Payments

Company Name and Address: Lincoln Electric System PO Box 80869 Lincoln NE 68501

I authorize the above company to initiate monthly debit entries to my checking account indicated below and the bank named below to post the same to such account.

Bank Name: _____

City _____ **State** _____ **Zip** _____

Transit/ABA No: _____ **Bank Account Number:** _____

Disclosures

This authority is to remain in full force and effect until Lincoln Electric System has received written notification from me, 30 days prior to termination and in such manner as to afford company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to receipt of notice of termination.

I further authorize the company to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I authorize the bank to accept and to credit or debit the amount of such entries to my account. I shall within fifteen calendar days following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I have the right to stop payment of any entry by notification to bank prior to posting to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as now or hereafter in effect and agrees to be bound thereby:

Customer Name: _____ **LES Account Number** _____

Service Address: _____
[address where you receive electrical service]

City _____ **Nebraska** **Zip:** _____

Signed: _____ **Dated:** _____

Would you also like to voluntarily contribute \$1 per month to help fund city parks and recreation programs through the Lincoln Cares Program? _____ Yes _____ No

If you have checked "YES", you are authorizing that \$1 be added to your bank bill and be withdrawn from your bank account along with your electric bill. You also have the understanding that this money is to be used to help fund city parks and recreation programs and projects. Your participation in Lincoln Cares will continue each month until you notify LES in writing. This donation is nonrefundable and wholly voluntary.

Signed: _____ **Dated:** _____

Distribution: Customer complete and return to LES for processing and filing. **Classification:** Internal/Division **Retention:** CY+ 6Y. CY is current year.