



## Automatic Payments Application and Agreement

- Your monthly payment will be automatically deducted from the account of your choice specified below.
- Once your enrollment is in effect, Electronic Funds Transfer (EFT) will appear on your bank statement and "EFT-DO NOT PAY" will appear on your billing statement.
- Transfer from your bank account to your Liberty account will occur on the due date listed on your bill

PLEASE PRINT

1. Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

2. Account Number: \_\_\_\_\_

3. Service Address: \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

4. Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_

5. Telephone number: (\_\_\_\_) \_\_\_\_\_ 6. Email address: \_\_\_\_\_

7. Name of Financial Institution: \_\_\_\_\_

Bank Routing/Transit Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type:

Checking Account  
(Include **Voided Check**)

OR

Savings Account/Credit Union  
(Include **Bank Letter w/ Routing/Account#**)

### 8. Automatic Payments Authorization Agreement

I hereby authorize Liberty and the financial institution designated on this application (until otherwise instructed) to charge the account I have specified for payment of my monthly Liberty bill. I have the right to suspend or discontinue automatic bill payment by notifying Liberty prior to the payment due date. I understand that a fee will be charged to my account for each payment request returned for insufficient funds. If two payment requests are returned, I may be excluded from the plan. In addition, I understand that both the financial institution and Liberty reserves the right to terminate this payment plan and/or my participation in the plan.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mail or Fax your form to:

2751 N High St  
Jackson, MO 63755  
Fax: (573) 243-1531