

e-Bill Notification Plan

MEMBER'S NAME		
ADDRESS		
PHONE		
ACCOUNT#	LOCATION#	CYCLE#

I, the undersigned member of Laurens Electric Cooperative, Inc. hereby request and make application to receive E-Bill notification via the internet.

Conditions of This Agreement

- 1) Please supply accurate E-mail address: _____
- 2) Please check one:
I would like to receive only an E-bill notification.
I would like to receive a mailed copy and an E-bill notification each month.

This Agreement Is Subject To Cancellation At Anytime Due To Any Of The Following:

- 1) Termination of electric service by the undersigned at the location listed above.
- 2) Member changes E-mail address without prior notification of change.
- 3) Thirty days written notice by either party.

Member's Signature

Date

Approved For LEC