



LibertyPower®

www.libertypowercorp.com

Simplify with Automatic Payments

You can easily pay your electricity bill every month by having your payments automatically withdrawn from your checking or savings account. Payments can also be charged to your Visa® or MasterCard®, allowing you to accrue valuable points with your credit card company. This free and convenient service ensures that your electricity bills are paid every month on time, without the worry of a missed or late payment, or interruption of your service. Your monthly bill will show you the amount of the payment being deducted from your bank account or credit card and the payment date. Your monthly bank or credit card statement will also show the payment.

How to Enroll

Complete and sign the enclosed “Authorization for Automatic Payments” form. If you want your payments deducted from your checking account, include a voided check with your form. To have payments deducted from your savings account, include a deposit slip. Mail the form and attachments to:

Liberty Power Auto Debit Department
1901 West Cypress Creek Road
Suite 600
Fort Lauderdale, FL 33309

You can also fax your form to our [secure fax line: 1-866-577-4628](tel:1-866-577-4628). Don't forget to include your voided check or deposit slip.

When Will It Start?

Setting up the automatic payment process may take up to one week, so continue to pay your current balances on your bill by the due date until the direct automatic withdrawal process begins. You'll know it has gone into effect when the “News and Notices” section on Page 1 of your monthly invoice notes that you are enrolled in Liberty Power's Auto Debit Program. You will continue to receive your invoices, but they will be for your records only.

How to Cancel Automatic Payments

You may cancel automatic payments anytime by contacting Liberty Power Customer Care at **1-866-POWER-99 (1-866-769-3799)**. Your cancellation will go into effect within one billing cycle. Please pay close attention to your bill and note when payments are no longer being automatically paid, since you will need to resume paying your balances by the due dates.

Please note: If you have a withdrawal pending when you cancel, it will be processed unless you call us at least 3 business days before the payment date noted on your bill.

Questions?

If you have questions about your bill, please call Liberty Power Customer Care at **1-866-POWER-99 (1-866-769-3799)**. We are available from 8:30 a.m. to 6:00 p.m. ET weekdays.



Authorization for Automatic Payments

Please complete and fax to our secure line: 1-866-577-4628.

Do not fax to any other number or email for privacy and security.

Customer Name		
Account and/or ESI Number		Check here for multiple accounts. <input type="checkbox"/> <i>(Please list on back of form.)</i>
Address		
City	State	Zip
Home Phone ()	Work Phone ()	Email
PAYMENT INFORMATION		
Description		Monthly Payment \$
ACH DEBIT AUTHORIZATION		
Name of Financial Institution:	<p>Account Number Appears between these symbols</p> <p>ABA Transit Number Appears between these symbols</p> <p>Check Number</p>	
ABA Transit Number (Routing 9-digit):		
Bank Account Number:		
Check Number (optional):		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<p>I authorize LIBERTY POWER to initiate debits for monthly fees due against the above referenced account. This authorization is for payments I am obligated to make under my Agreement with LIBERTY POWER. The withdrawal will be made on the payment due date or the following business day. I may withdraw this authorization by giving written notice to LIBERTY POWER or my financial institution in such time and manner as to afford a reasonable time to act upon the request. Similarly, LIBERTY POWER may terminate this agreement with me by written notice.</p>		
_____ Account Holder's Signature		_____ Date
CREDIT CARD / CHECK CARD AUTHORIZATION		
Name as it appears on card:		<input type="checkbox"/> One Time Payment <input type="checkbox"/> Recurring Monthly Payment Date: _____ Date: _____
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	Expiration Date (MM/YYYY)	
Card Number:	CVV2 <small>(last 3 digits on the back of your card)</small>	
<p>I authorize LIBERTY POWER to initiate debits for monthly fees due against the above referenced account. This authorization is for payments I am obligated to make under my Agreement with LIBERTY POWER. The withdrawal will be made on the payment due date or the following business day. I may withdraw this authorization by giving written notice to LIBERTY POWER or my financial institution in such time and manner as to afford a reasonable time to act upon the request. Similarly, LIBERTY POWER may terminate this agreement with me by written notice.</p>		
_____ Cardholder Signature		_____ Date

Please attach a voided check or deposit slip and return this form to Liberty Power's Auto Debit Department.

