



Request to Stop Automatic Payment

I request that automatic payment to Lake Region Electric Cooperative be stopped. I understand that I must allow such time as to afford the financial institution a reasonable opportunity to act on this notification.

Name (please print)

Address (please print)

LREC account number (on your bill)

Signature

Date

Mail to: Lake Region Electric Cooperative
PO Box 643
Pelican Rapids MN 56572