



1995 E US Highway 20, LaGrange, IN 46761
 877-463-7165 toll-free
 260.463.4329 fax
 www.lagrangeremc.com

PREPAID SERVICE NOTIFICATIONS FORM

Last First Mi

Phone #: _____ Carrier: _____
 (for text notifications)

Email Address: _____

Notification Preferences:

Text	Email	
<input type="checkbox"/>	<input type="checkbox"/>	Account Profile Change
<input type="checkbox"/>	<input type="checkbox"/>	Returned Check Alert
<input type="checkbox"/>	<input type="checkbox"/>	Payment Confirmation
<input type="checkbox"/>	<input type="checkbox"/>	Service Connected
<input type="checkbox"/>	<input type="checkbox"/>	Service Disconnected
<input type="checkbox"/>	<input type="checkbox"/>	Service Reconnected
<input type="checkbox"/>	<input type="checkbox"/>	Low Balance Threshold
Alert me when my balance reaches: \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Daily Balance and Usage
<input type="checkbox"/>	<input type="checkbox"/>	High Daily Usage Alert
Alert me when my daily usage is over: \$ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Pending Disconnect Alert

I understand that it is my responsibility to maintain a credit balance to continue service.

I have read and understand the terms and conditions of the Prepaid Service Agreement.

Signature Date

OFFICE USE ONLY

Cycle _____ Member Sep: _____ Date: _____ Initials: _____