

LANCASTER RURAL WATER

DISTRICT NO. 1

310 FIR STREET • P.O. BOX 98
BENNET, NEBRASKA 68317-0098

Presorted
1st Class Mail
U.S. Postage PD
Bennet, NE
Permit # 5

EMERGENCY

PHONE NUMBERS

If you have a water emergency to report after office hours please call the following servicemen they will assist you.

Phil Goering

430-9079

Dan Bartels

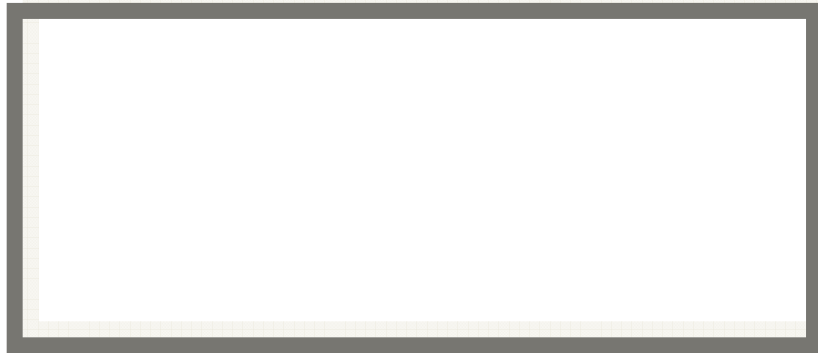
432-3640

Ken Halvorsen

430-9078

PLEASE UPDATE US WITH YOUR CURRENT PHONE NUMBERS!!

WE WOULD LIKE TO BE ABLE TO CONTACT YOU IN THE EVENT OF AN EMERGENCY SHUT OFF AND/OR TO MAKE REPAIRS - SUBMIT WITH YOUR BILL OR CALL US!! THANK YOU!!



-----Cut out & Save-----

"FREE AUTOMATIC PAYMENTS FOR CUSTOMERS"

If you are interested in signing up for this service please fill the form out below and return it to our office. The meters will be read as normal at the end of the month and the bills sent out at the first of the following month. If you miss the deadline for this month you may still fill out the form and send it to our office and we will add you on in the next month. **We will make deductions on or after the 10th of each month.** If you do not receive a bill for reasons beyond our control, your deduction will still come out of your checking/savings/credit/debit card. Please call us if you do not receive your bill and we can let you know the amount that will be deducted. Please no faxed or e-mailed forms can be accepted.

BANK/CREDIT CARD COLLECTION AUTHORIZATION - CHECKING/SAVINGS/CREDIT I HEREBY AUTHORIZE LANCASTER RURAL WATER DISTRICT NO. 1 TO COLLECT PAYMENT OF MY WATER BILL FROM THE STATED FINANCIAL INSTITUTION UNTIL SUCH TIME THAT I CANCEL THIS AGREEMENT. IT IS UNDERSTOOD THAT IN CASE OF A BILLING ERROR, AN ADJUSTMENT WILL BE MADE BETWEEN LANCASTER RURAL WATER DISTRICT NO. 1 AND MYSELF. WE KEEP ALL RECORDS CONFIDENTIAL.

PLEASE INCLUDE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP

Checking

Savings

Name: _____ Customer Acct #(s): _____

(PLEASE PRINT)

(IF MORE THAN 1 PLEASE LIST ALL ACCT #'S)

Service Address: _____

9- Digit Routing # _____ Acct # _____

CREDIT/DEBIT CARD

Visa

MasterCard

Discover

16 digit #: _____ Exp: _____ 3digit code _____

(on the back of card)

Customers Signature: _____ Phone: _____

(Please sign for either option)

FOR OFFICE USE ONLY

LRWD ACCT # _____

DATE _____

TRANSIT # _____

APPROVED BY _____