

AUTOMATIC PAYMENT AUTHORIZATION FORM

CHECKING/SAVINGS/CREDIT/DEBIT CARD COLLECTION AUTHORIZATION - DEDUCTIONS WILL BE MADE ON THE 10TH OF EACH MONTH.

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. IF YOU DO NOT RECEIVE A BILL FOR REASONS BEYOND OUR CONTROL, YOUR DEDUCTION WILL STILL BE DEDUCTED. 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. WE KEEP ALL RECORDS CONFIDENTIAL.

Name: _____ Customer Acct #(s): _____

(PLEASE PRINT)

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

Service Address: _____

Customer Signature: _____

PLEASE INCLUDE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP - *FREE*

Checking

Savings

9- Digit Routing # _____ Acct # _____

CREDIT/DEBIT CARD 4% FEE

Visa

MasterCard

Discover

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

(on the back of card)

OFFICE USE ONLY – APPROVED BY _____ DATE _____