

# LUMPKIN COUNTY WATER & SEWERAGE AUTHORITY



## AUTOMATED DRAFT PAYMENT PLAN

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

### LCWSA Account Information

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)  
Service Address: \_\_\_\_\_  
Account No. \_\_\_\_\_

### Bank Account Information

Account Holder Name: \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Type of Account:     Checking                       Savings  
Bank Transit/Routing Number: \_\_\_\_\_  
Checking/Savings Account Number: \_\_\_\_\_

I hereby authorize Lumpkin County Water & Sewerage Authority to automatically debit my account for payment of my monthly water bill. This authorization will remain in effect until I notify Lumpkin County Water & Sewerage Authority that I no longer desire this service. Written notice must be received two weeks in advance to allow the Authority reasonable time to act on my notification.

I understand that the Authority will continue to send me a monthly bill and that my bank account will be drafted for the total amount due on the account as of the due date. **I understand the Authority will assess a \$ 1.50 transaction fee (subject to change) per debit transaction.** I further understand that the authority may impose a processing fee if a debit entry is not paid by my financial institution. For example, the Authority may charge me a fee if my account contains insufficient funds to cover the prearranged debit.

\_\_\_\_\_  
Bank Account Holder's Signature

\_\_\_\_\_  
Date

Note:

Please attach a voided check.

Please sign and date this authorization agreement.