

Lake Egypt Water District

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER NAME (S) _____

I (we) hereby authorize Lake Egypt Water District, hereinafter called COMPANY to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called Depository, to debit the same such account.

DEPOSITORY NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Funds will be withdrawn from the account approximately five days before the bill due date (which is currently the 15th of each month).

PLEASE ATTACH A COPY OF A VOIDED CHECK WITH THIS DOCUMENT.

PLEASE INDICATE A MAXIMUM AMOUNT, IF ANY, YOU WANT DRAFTED EACH MONTH _____.

INSERT LEWD ACCOUNT NUMBER(S) YOU WANT DRAFTED EACH MONTH.

CUSTOMER NAME(S) _____

(PLEASE PRINT)

SIGNED _____ SIGNED _____

DATE _____

I AUTHORIZE LEWD TO SEND E-STATEMENTS TO _____.

(EMAIL)

*** BY SIGNING UP FOR E-STATEMENTS YOU WILL NO LONGER RECEIVE A PAPER STATEMENT IN THE MAIL ***