

**LIMESTONE COUNTY WATER
AND SEWER AUTHORITY
P O BOX 110
ATHENS, AL 35612
(256) 233-6444
WWW.LimestoneCountyWater.Com**

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) do hereby authorize the above named company, hereinafter referred to as “the company,” to initiate debit entries to my (our) bank account indicated below, hereinafter called “Depository,” and debit the same to such account.

Depository (Bank) Name _____

City _____ State _____ Zip _____

Routing Number _____ Account No _____

(These numbers must be taken from a check – **NOT A DEPOSIT SLIP**)

This authority is to remain in effect until the company has received **WRITTEN NOTIFICATION** from me (or either of us) of its termination in such time and in such a manner as to afford the company and bank of depository a reasonable opportunity to act upon it.

I understand I will receive my regular monthly bill and the amount shown on the bill will be debited on the due date each month. If my due date is on a weekend or holiday, my account will be debited the following business day. I understand if my debit is returned by the bank for insufficient funds, it is my responsibility to contact the company and make arrangements to ensure payment. If the debit is returned account closed, I understand my service will be subject to immediate disconnection.

Name(s) _____

Signature _____ Date _____

Signature _____ Date _____

Customer # _____ Telephone No. _____

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM