



Bank Draft Authorization

Thank you for your interest in our bank draft program. Please complete the below information and return this form to us so we may start you in this program. To ensure your account is properly debited, please also include a voided check.

Draft to Start: _____

Mailing Address

Name

Address Line

City, State Zip Code

Account Number: _____ Phone Number: _____

Service Address: _____

Name on Bank Acct: _____

Name of Bank: _____

Bank City/St: _____

Account Type: Checking Savings Bank Card Visa **OR** Mastercard

Bank Account Number: _____ Bank ABA (Routing #): _____

Card Number: _____ Expiration Date: _____

Signature: _____ **Date:** _____

To Bank:

As a convenience to me, please honor drafts drawn on my account by Lawrenceburg Utility Systems to its order and charge them to my checking/savings account. Your authority to do so shall continue until you receive written notice from me revoking it, and you may terminate your participation in this written notice to the Lawrenceburg Utility Systems.

I agree that your rights with respect to each draft shall be the same as if it were a check drawn and signed by me. I further agree that should any draft be dishonored, with or without cause, intentionally or inadvertently, you shall be under no liability whatsoever.

Lawrenceburg Utility Systems and/or bank reserve the right to discontinue this service at any time they deem necessary.