

Direct Debit

Please mail to Paula Sheffield, P.O. Box 190, Lufkin, TX 75902-0190

Your water bill account number: _____

Print this form on your home printer and....

Mail signed form to City of Lufkin, Attention Paula, P.O. Box 190, Lufkin, Texas, 75901. Include with this form a voided check for our records.

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I/we here by authorize The City of Lufkin, hereinafter called Company, to initiate debit entries to my/our checking account indicated below and the depository named below, hereinafter called Depository, to debit the same to such account.

REQUIRED INFORMATION FROM YOUR DEPOSIT SLIP OR VOIDED CHECK:

YOUR BANK NAME, ABA NUMBER, CHECKING ACCOUNT NUMBER,

CITY, STATE AND ZIP CODE FOR YOUR BANK.

This authority is to remain in full force and effect until COMPANY and depository have received written notification from me (or either of us) of its termination and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit ENTRY by notification to depository at such a time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I/we have the right to have the amount of an erroneous debit immediately credited to my/our account by DEPOSITORY within 15 days following issuance of the account statement, or 45 days after posting, whichever occurs first.

NAME _____

SIGNATURE _____

SERVICE ADDRESS _____

PHONE NUMBER _____

DATE _____

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