AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

WATER ACCOUNT NUMBER: _____

I (we) hereby authorize the City of Lynchburg, Billings & Collections to initiate debit entries for utility bills to my (our) **checking account** indicated below and the financial institution listed below to debit the same such account. If erroneous entries are posted to my (our) checking account, I (we) authorize the City of Lynchburg to direct the financial institution to return such entries.

Financial Institution: _____

Checking Account Number: _____

City: _____

State: _____

This authority is to remain in full force and effect until the City of Lynchburg receives written notification from me (or either of us) of its termination **30 days prior** to the City of Lynchburg drafting the account. Revocation by notice to the financial institution is not sufficient. I understand a draft returned for any reason will result in a $25.00 fee and possible disconnection of water service. Multiple returned entries will result in cancellation of this service without further notice.

Name (print): _____ Name (print): _____

Signed: _____ Signed: _____

Date: _____ Date: _____

Please provide a voided check to complete this application process.

(FOR COMPANY USE ONLY)

Transit Routing Number

⑆										⑆

Account Number Information