



Automated Clearing House (ACH) Authorizations Agreement

Please check one:

☐

New ACH

or

☐

Change ACH

Customer Contact/Billing Information

Customer Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

LPRW Account Number: _____ Map Location Number: _____

Billing Information

You will receive the billing statement around the first of the month stating the reading, number of gallons used and the amount LPRW will deduct on the 15th of the month. If the tenth falls on the weekend or a holiday the withdrawal will be the following business day.

Banking Information

Account Type:
(please check one)

☐

Checking

☐

Savings

☐

Business Account (Check this box if the checking or savings account is setup at your bank as a business or commercial account.)

| | | |
|---|---------------------|--------------|
| BANK NAME ADDRESS CITY, STATE ZIP | | |
| FOR | | |
| ⑆012345678⑆ | 01234567890123⑆ | 0123 |
| Bank Routing Number | Bank Account Number | Check Number |

Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Bank Routing Number: _____ Account Number: _____

Payment Authorization

I authorize Lincoln Pipestone Rural Water System to debit my account pursuant to the provisions set forth above. This authorization is to remain in full force and effect until LPRW receives written notification from me of my intent to terminate this Authorization.

I understand if I wish to have LPRW debit a bank account other than the one named above, I must sign a new Authorization and submit it to the office. I understand that if LPRW attempts to debit my account and there are insufficient funds in my account to allow such a debit, then I will be liable to pay an insufficient funds fee of \$30.00. I understand that in the event, LPRW may cease any further attempts to debit my account as contemplated by this Authorization.

I represent that I am authorized to execute this Authorization and that the information set forth above is true and correct.

Signature: _____

Date: _____

*******Please Attach a Voided Check and Return to Office*******

Please do not attach a deposit slip. The form will be returned if you do. Thank you.

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