

**LIMESTONE COUNTY WATER & SEWER AUTHORITY  
P O BOX 110  
520 S JEFFERSON ST  
ATHENS AL 35612  
256-233-6444**

**Return completed form to above address or mail form to PO Box**

**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 No. \_\_\_\_\_ 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**