

LAFOURCHE PARISH WATER DISTRICT NO. 1
POST OFFICE BOX 399, LOCKPORT, LA 70374
(985) 532-6924 OR (800) 344-1580

**ELECTRONIC FUNDS TRANSFER
(AUTOMATIC BANK DRAFT)
AUTHORIZATION AGREEMENT**

CYCLE #
CHANGE FORM

UTILITY BILL ACCOUNT INFORMATION:

NAME: _____ HOME PHONE NO.: _____
ADDRESS: _____ WORK PHONE NO.: _____
CITY, STATE, ZIP: _____
ACCOUNT #: _____
SIGNATURE: _____
(IF DIFFERENT THAN BANK ACCOUNT HOLDER)

CHECKING ACCOUNT & FINANCIAL INSTITUTION INFORMATION:

NAME: _____
BANK ROUTING #: _____
(Numbers between symbols: on the bottom left of check)
BANK ACCOUNT#: _____
NAME OF FINANCIAL INSTITUTION(BANK): _____

I (WE) HEREBY AUTHORIZE THE LAFOURCHE PARISH WATER DISTRICT NO. 1 TO INITIATE ENTRIES TO MY (OUR) CHECKING ACCOUNT AT THE FINANCIAL INSTITUTION INDICATED, AND IF NECESSARY, INITIATE ADJUSTMENTS FOR ANY TRANSACTIONS CREDITED IN ERROR. THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL THE WATERWORKS IS NOTIFIED BY ME (US) IN WRITING TO CANCEL OR CHANGE IT IN SUCH TIME AS TO AFFORD THE WATERWORKS AND THE FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

I (WE) AGREE TO PAY A MINIMUM CHARGE OF \$0.15 PER DRAFT AND DO UNDERSTAND THAT I (WE) MAY HAVE AN INCREASE IN THIS SERVICE CHARGE WITHOUT NOTIFICATION.

(SIGNATURE)

(DATE)

(BOTH SIGNATURES IF REQUIRED)

(DATE)

THIS FORM MUST BE ACCOMPANIED BY: AN ORIGINAL VOIDED CHECK OR CORPORATE RESOLUTION (if corporation)

ADDITIONAL FEES SHALL BE CHARGED FOR ALL RETURNED DRAFTS, AND AN ATTEMPT WILL BE MADE TO NOTIFY ME (US) INDICATING AMOUNT, DATE, AND TERMS OF PAYMENT TO PREVENT DISCONNECTION OF SERVICE. WE RESERVE THE RIGHT TO CANCEL DIRECT DRAFTING AFTER THREE RETURNED DRAFTS.

INTERNAL USE ONLY:

DATE PRE-NOTED _____ INITIALS _____

DATED ACTIVATED _____ INITIALS _____