



COMMISSIONERS
L. R. Ghilarducci, Jr.
J. S. Korsmo, Jr.
G. J. Rediske
GENERAL MANAGER
Randall M. Black

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

**PLEASE NOTE: FUNDS WILL BE DEDUCTED FROM
YOUR BANK ACCOUNT ON OR SHORTLY AFTER YOUR BILLING DUE DATE**

A. Customer Information

Customer Name	Account Number(s)
Address	Phone Number
City, State, Zip	

B. Banking / Financial Institution Information

Name of Bank/Financial Institution	Phone Number of Institution
Address	Account Number
City, State, Zip	Bank ABA / Routing Number

CHECK ONE: Checking Savings

C. Authorization Statement

I authorize and request the Lakewood Water District to instruct my financial institution to make my payments. I acknowledge and understand that my payments will be automatically deducted from my bank account on or shortly after my billing due date. I also understand I may discontinue at any time by giving written notice to Lakewood Water District. I realize this information will be used solely for the purpose of consumer withdrawal. Lakewood Water District also reserves the right to refuse applications for automatic withdrawal for any reason. A written explanation by the district will be sent should the district deny any request for automatic withdrawal. **If your payment is dishonored or returned, the amount of the payment plus the return item fee of \$35.00 and any applicable late charges will be added to your account. If your account receives (2) returned item fees within a 12-month period your account will be designated as "Cash Only" for an additional 12-month period and will be removed from the ACH program.**

Customer Signature	Date
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**PLEASE ATTACH A VOIDED CHECK
DEPOSIT TICKETS WILL ONLY BE ACCEPTED FOR SAVINGS ACCOUNTS!**