

**Lyon & Sioux Rural Water System, Inc. – Direct Payment Authorization Form**

Save time and money with the Automatic Payment Plan by having your monthly water bill deducted from your checking account. This FREE SERVICE is available to all customers of Lyon & Sioux Rural Water System, Inc. Some benefits of the Automatic Payment Plan are:

1. No more writing a check to Lyon & Sioux for your water bill.
2. Your water bill will be paid by the due date – no more worrying about getting your check to our office on time to avoid a late charge.
3. Accurate record keeping from your bank shows the direct payment you make to Lyon & Sioux Rural Water on your bank statement.

Your bank automatically transfers the amount of your monthly water bill from your account to LSRW each month. The amount due will be transferred out of your account on the 10<sup>th</sup> of each month for payment of your water bill. You will still receive your monthly water bill indicating the amount that will be withdrawn from your account.

**CUSTOMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (DEBIT ENTRIES)**

Joe Smith 1234  
1234 Anystreet Court  
Anycity, AA 12345 1234

Pay to the order of \_\_\_\_\_  
\_\_\_\_\_ Dollars

Bank Anywhere  
⑆ 123456789 ⑆ 123456789123 ⑆ 1234

Routing Number      Account Number      Check Number

All you need to do is:

- Circle Check or Savings Acct
- Fill in all lines
- Attach a voided check for verification
- Forms must be received in office by 25<sup>th</sup> of the month to be deducted from your account the following month

**I hereby authorize Lyon & Sioux Rural Water System, Inc. to electronically debit my account as follows:**

Financial Institution Name: \_\_\_\_\_ Checking or Savings (circle one)

Routing & Transit Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Amount of Payment: \$ Monthly Bill Amount      Purpose: Payment of Water Bill

Payments to begin: \_\_\_\_\_ and to be made on the 10<sup>th</sup> day of each month.

Account Holder Name: \_\_\_\_\_ Water Account # \_\_\_\_\_

I agree that ACH transactions that I authorize comply with all applicable laws. I understand that 2 or more payments in a 12-month period resulting in overdraft of my account may result in termination of ACH transactions. I understand that this authorization will remain in full force and effect until I notify LSRW that I wish to revoke this authorization. I understand that LSRW requires at least 5 days prior notice in writing in order to cancel this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: Please attach a voided check to this form**