



## Automated Clearing House (ACH) Authorizations Agreement

**Please check one:**  **New ACH**      or       **Change ACH**

## Customer Contact/Billing Information

**Customer Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

City: \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**LPRW Account Number:**

## Billing Information

LPRW will deduct your payment on the 15<sup>th</sup> of the month. If the fifteenth falls on a weekend or a holiday the withdrawal will be the following business day.

### **Banking Information**

**Account Type:**  Checking  Savings  
(please check one)

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 _____		
0 0 1 2 3 4 5 6 7 8 0	0 1 2 3 4 5 6 7 8 9 0	1 2 3 4
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 or verbal notification from me of my intent to terminate this Authorization at least four (4) days prior to the effective date of the transaction.

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 or a Savings Deposit Slip and Return to Office\*\*\*\*\*

Thank you!

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