LAKESIDE COUNTY WATER & SEWER DISTRICT
253 Bierney Creek Road
Lakeside, Montana 59922
406-844-3881 Fax - 406-844-3996 Email - deewebb@lcwsd.net

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize LAKESIDE COUNTY WATER & SEWER DISTRICT (LCWSD) to debit entries to my account indicated below in the Bank named below, and to credit the same to my LCWSD account noted below. I (We) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

If for any reason my ACH payment is denied, I will owe the billed contribution amount plus a $20.00 service charge.

BANK NAME: _____

BANK ADDRESS: _____

_____ _____ Type of Acct: _____ _____
(Bank Routing/Transit Number) (Bank Account Number) (Checking) (Savings)

This authority is to remain in full force and effect until the LCWSD has received written notification from me (or either of us) of its termination in such time and manner as to afford the District and the Bank reasonable opportunity to act on it.

_____ _____
(Signature) (Signature)

_____ _____
(Print Name) (Print Name)

Effective Date: _____ **LCWSD Account Number:** _____

Phone # _____ **Service Address:** _____

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM
AND RETURN TO THE ABOVE ADDRESS