



406-844-3881

Please return to: info@lcwsd.net

**\*PLEASE NOTE\* Accounts are debited on the THIRD BUSINESS DAY of the month, NOT the due date of the 25th**

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**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:

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

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)

(Print Name)

Effective Date:

LCWSD Account Number:

Phone #

Service Address:

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**PLEASE ATTACH A COPY OF VOIDED CHECK - IF AVAILABLE**