



1644 Old Hardin Road Billings, Montana 59101 www.lockwoodwater.com (406) 259-4120 Fax (406) 259-1113

AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

We authorize Lockwood Water & Sewer District to electronically debit our account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

- ☐ Checking Account
☐ Savings Account

***A deposit slip or voided check must accompany this application for verification purposes.**

At the depository financial institution named below. We agree that ACH transactions we authorize comply with all applicable law.

Depository Name _____

Routing Number _____

Account Number _____

Amount of debit(s) or method of determining amount of debit:

- ☐ Total balance due
☐ \$_____ per month (This amount will be deducted from account each month)

Date(s) and/or frequency of debit(s): **On the 15th of every month**_____.

We understand that this authorization will remain in full force and effect until we notify Lockwood Water & Sewer District in writing that we wish to revoke this authorization. We understand that Lockwood Water & Sewer District requires at least 15 days prior notice in order to modify or cancel this authorization.

Name_____ Phone#_____

(Please Print)

Service Address_____

Date_____ Signature(s) _____

Amount of the bill varies each month, based on the customer's usage; thus, he/she will receive the bill as usual and such bill will be notification of the amount to be deducted.

Flat fee ACH deductions less than the total balance due on the account may result in late fees or disconnection. It is the customer's responsibility to monitor their account and balances.

Should the customer not have sufficient funds to cover the payment, it will be treated as a Returned Check. The District's charge for returned checks would have to be paid plus the amount of the check via cash, money order or debit/credit card should a Returned Check occur on customer's account.

FOR OFFICE USE ONLY

Customer #_____ Voided Check _____ Deposit Slip _____ Date_____