

AUTOMATIC DEBIT INFORMATION SHEET

How does automatic debit work?

- > With automatic debit, your payments will automatically be deducted from your checking or savings account at no extra cost to you each month.

How do I sign up?

- > Come by our office and complete the ACH agreement form and attach a voided check/savings deposits slip.
- > Faxed copies of the form, check or deposit slip will not be accepted.

How will I know when the automatic debit will begin?

- > It will be on your next utility billing statement.
- > Be sure to continue sending your payment by check until you receive a bill with a message " **A BANK DRAFT WILL BE SENT TO YOUR BANK**".

How much will be deducted from my account?

- > The amount deducted from your account will be the same amount reflected on your Water/Sewer bill. *Note: If your utility bill is over the exceed amount on your ACH agreement you will be sent a bill and your payment will need to be paid at our office.
- > Any past due amount will be debited from your account on the first ACH debit.

What do I do if I want to change my bank account?

- > Come by our office and complete a new Authorization Agreement for Automatic debit (ACH) form.
- > Allow 30-45 days prior to due date for changes to be processed.

How do I cancel my automatic debit?

- > We require 30 days written notification to cancel any automatic debit (ACH).

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH)

Please complete all information on the authorization form below.

Name (as shown on your account)		L.M.U.D. Account Number	
Address	City	State	Zip code
Day ()	Evening ()		
Telephone number			

I, _____, authorize Lumberton Municipal Utility District and the Financial Institution listed below to charge my checking or savings account for the amount of my Water/Sewer utility bill each month the amount not to exceed \$ _____. This authorization will remain in effect until Lumberton Municipal Utility District has received written notification from me of its termination and Lumberton Municipal Utility District has reasonable opportunity to act on it.

Name as appears on Account		Name of Financial Institution	
City	State	Zip	
Bank Routing Number		Checking/Saving Account Number	

SIGNATURE _____ DATE _____

*******ATTACH VOIDED CHECK*******