



City Of

Lavaca Water Department
PO Box 3
Lavaca AR 72941
479-674-5617
lavcity@pinncom.com

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

CUSTOMER NAME (S) _____

I/we hereby authorize LAVACA WATER DEPARTMENT, to initiate debit entries to my/our account indicated below and the financial institution named below, to debit the same to such account on or about the 14th of each month. (You will continue to receive a copy of your billing statement each billing period.)

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

ACCOUNT TYPE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authority is to remain in full force and effect until LAVACA WATER DEPARTMENT and FINANCIAL INSTITUTION have received written notification from me (or either of us) of its termination in such time and in such manner as to afford LAVACA WATER DEPARTMENT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

DATE _____

SIGNED _____ SIGNED _____

FOR VERIFICATION OF ACCOUNT INFORMATION, PLEASE PROVIDE A VOIDED CHECK.