



315 Bailey Scales Rd
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**AUTOMATED PAYMENT AUTHORIZATION FORM
AUTHORIZATION AGREEMENT**

NAME: _____

WATER BILL ACCOUNT NUMBER: _____

ADDRESS: _____

PHONE NUMBER: _____

I hereby authorize North Lawrence Water Authority to initiate automatic withdrawals from my account at the financial institution named below. I also authorize North Lawrence Water Authority to make deposits into this account in the event of a correction.

Further, I agree not to hold North Lawrence Water Authority responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution.

This agreement will remain in effect until North Lawrence Water Authority receives a written notice of cancellation from me or my financial institution.

BANK ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ **CHECKING** **SAVINGS**

AUTHORIZED SIGNATURE: _____

DATE: _____