

NORTH LAWRENCE WATER

Automated Payment Authorization Form

Authorization Agreement

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

Further, I agree not to hold North Lawrence Water 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 receives a written notice of cancellation from me or my financial institution.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking | Savings

Account Number: _____

Signature

Authorized Signature: _____

Date: _____