



AUTHORIZATION TO: **START BANK DRAFT** **CHANGE BANK DRAFT**

I hereby authorize **Lancaster County Water & Sewer District (LCWSD)** to initiate debit entries, or such adjusting entries, (debit or credit) which are necessary for corrections, to my **(Check one box) Checking** **or Savings** account indicated below. I further authorize the Financial Institution named below, to debit (or credit) the same to such account.

*** A VOIDED CHECK OR LETTER FROM BANK SHOWING YOUR TRANSIT NUMBER AND ACCOUNT NUMBER MUST BE INCLUDED TO DRAFT OUT OF THE CHECKING ACCOUNT**

NEW FINANCIAL INSTITUTION INFORMATION:

FINANCIAL INSTITUTION NAME: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NUMBER: _____ ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until **LCWSD** has received its Authorization to Stop Bank Draft Form from me of its termination in such time and in such manner as to afford **LCWSD** a reasonable opportunity to act on it.

CUSTOMER INFORMATION:

CUSTOMER NAME: _____

CUSTOMER ACCOUNT NUMBER: _____

CUSTOMER SIGNATURE DATE

OFFICE USE ONLY BELOW

RECEIVED BY DATE

POSTED BY DATE PRENOTE: MONTH/YEAR