

LCWSC USE ONLY

Bank # _____

Draft # _____

I hereby authorize Laurens County Water & Sewer Commission (LCWSC) to debit my checking account each month in the amount of my water bill. I understand that the date of this debit will be printed on my monthly billing statement.

Signed: _____ LCWSC ACCT. No. _____

Print Your Name: _____ Daytime Phone No. _____

Your name	_____
Your Address	_____ 20 _____
Pay To:	SAMPLE \$ <input type="text"/>

(123456789) (123456) 1234	
(Sample RTN) (Sample ACCT)	

BANK: _____

Your RTN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your ACCT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please Attach a "VOIDED" Check

Authorization, Terms and Conditions: By Mailing the completed enrollment form to the Laurens County Water & Sewer Commission (the Commission), you authorize the Commission to automatically debit your checking account each month for the amount of your water/sewer bill. Your payments will be debited from your checking account on the date indicated on your water/sewer bill. This authorization applies to the account shown on the enclosed check and any future account you may designate by calling the Commission. Your participation is subject to the Commission's approval. The Commission has the right to terminate this payment option at any time. You may discontinue this service at any time with 30 days advanced written notice to the Commission. If for any reason the draft is returned, you will be required to pay the amount of the bank draft transaction plus a return fee of \$30.00 in cash or money order. All charges, terms and conditions are subject to change. Any adjustments to your account balance received up to five business days before your payment date may be reflected in your direct debit amount. You understand and agree that the Commission is not liable for erroneous bills or incorrect debits to your account, except that should an error in the bill occur. The Commission is not responsible for any bank fees as a result of this program. The Commission reserves "right to terminate option" if your bank returns a payment. This agreement does not alter in any way the terms and conditions of your water/sewer service Agreement or separately negotiated contract.