

**TOWN OF LAWRENCE
ACH WITHDRAWAL
AUTOMATIC PAYMENT PLAN AGREEMENT**

Please print name, address and account number exactly as they appear on your bill:	
Name:	
Service Address:	
Account #:	
Telephone #:	Best time to call:
E-mail:	Billing Statement Delivery: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail
Mailing address, if different than above:	
Street or P.O. Box address:	
City:	State:
BANK ACCOUNT INFORMATION	
Bank Name:	
Bank Address:	
Bank Telephone #:	
Routing Number:	Checking: <input type="text"/> Savings: <input type="text"/>
Account Number:	

- Your water/sewer bills will vary depending on usage and rates.
- A water/sewer statement will be sent to you (email or postal mail) so that you can review it prior to deduction from your account.
- Payment will be deducted on the due date shown on the water/sewer statement. If the payment is rejected by the bank, the Town will impose a \$30 return item fee on your account.

I hereby authorize the Town of Lawrence to initiate payment from my account at the institution named on the enclosed voided check, and I authorize that institution to debit my account for that payment. This authorization will remain in effect until I terminate it, allowing 10 days prior to payment due date. I have the right to stop payment on individual entry or to have entries corrected by timely notification to the Town of Lawrence and my financial institution. The Town of Lawrence also has the right to cancel this agreement at any time by providing timely notification to me.

Signature _____

Date _____

IMPORTANT: Please be sure to include a check marked "VOID" to tell us from which account you want your payments deducted.