Lake Livingston Water Supply Corporation 1930 North Washington Ave. P.O. Box 1149 Livingston, Tx 77351 936-327-3107

RE: ACH Drafts

Dear Member,

Thank you for inquiring about our ACH Draft. In order to get you set up, we need the following form signed and filled out completely along with a voided check. If the form is returned by the 10th of the month it will be prenoted that month, if received after the 10th it will be the following month. All payments will be drafted from your account on the 16th of each month.

You may also set up drafts by going to our website at <u>www.lakelivingstonwatersupply.org</u> and setting up through Payment Service Network. PSN does charge a \$3.30 service fee but you are able to pick a date for the draft.

If we may be of future assistance, please contact me at number listed above.

Sincerely,

Judy Cochran Office / Billing Manager

Authorization I	For Automatic Pay	ment		
Lake Livingston Water Supply Corp. I authorize entries to my:	and the financial instit	ution named belo	w to initiate	
Checking Account			• •	
This authority will remain in effect until afford the financial institution a reasonabl entry by notifying my financial institution amount of erroneous charge immediately or of my financial institution statement or 60	le opportunity to act on 3 days before my acco redited to my account up	it. I can stop pay ount is charged. I to 15 days follow	ment of any can have the ving issuance	
Name (Please Print)	Social Securit	Social Security Number		
Home Phone Number	Work Phone I	Work Phone Number		
Address (Please Print)	•			
Address (Please Print)	City	State	Zip	
Name of Financial Institution	· .			
Name of Financial Institution	Financial Ins	Financial Institution Routing Number		
Address of Financial Institution	City	State	Zip	
SIGNATURE	DATE		* <u></u>	
*************************************Comj	pany Use Only*****	****	****	
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Customer Account Number	Date Receiv	red		

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