

**Lake Livingston Water
Supply Corporation**
1930 North Washington
P.O. Box 1149
Livingston, Texas 77351
(936) 327-3107 or 1-800-774-9283

John Sexton, President
Carolyn Ordner, Vice President
George Harris, Treasurer
Michael McDuffie, Director
Kim Click, General Manager

John Long, Director
Christi Allen, Secretary
Phillip Waller, Director
Zuni David, Chief Financial Officer

Re: ACH Bank Drafts

Dear Member,

Thank you for inquiring about our ACH Draft. To get you set up, we need the attached 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 www.lakelivingstonwatersupply.org and set up the draft 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 of further assistance, please contact me at the number listed above.

Sincerely,

Judy Cochran

Judy Cochran
Office/Billing Manager

This institution is an equal opportunity provider, and employer.

Fax (936) 327-8959

www.lakelivingstonwatersupply.org

Authorization for Automatic Payment

I authorize Lake Livingston Water Supply Corp. and the financial institution named below to initiate entries to my:

Checking Account: _____

This authority will remain in effect until I notify you in writing to cancel it at such a time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after posting, whichever occurs first.

Name (Please Print)

Social Security Number

Home Phone Number

Work Phone Number

Address (Please Print)

City State Zip

Name of Financial Institution

Financial Institution Routing Number

Address of Financial Institution

City State Zip

SIGNATURE

DATE

*******Company Use Only*******

Customer Account Number

Date Received

ATTACH VOIDED CHECK