

# La Grange Utilities Commission

412 E. Jefferson St. La Grange KY 40031

502-222-9325

## REQUEST FOR AUTOMATIC PAYMENT SERVICE

NAME (as shown on bill) \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

ADD \_\_\_\_\_ CHANGE \_\_\_\_\_ DELETE \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

BANK ROUTING NUMBER \_\_\_\_\_

CUSTOMER BANK ACCOUNT NUMBER \_\_\_\_\_

(Please attach a copy of a voided check)

I hereby authorize La Grange Utilities Commission to draw transfers (debit entries) against the above named bank account in payment of water/sewer service on the account shown above. I understand that it will be taken out of my account the 15<sup>th</sup> of the month. I understand that if my account does not have sufficient funds to cover the debt, I will be charged \$25.00. This authorization may be terminated upon the request of either party. Any changes must be made by the 10<sup>th</sup> of the month.

DATE \_\_\_\_\_ SIGNATURE (as on file at bank) \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_