

# Automatic Bank Draft Form

Name, as it appears on water bill: \_\_\_\_\_

Service address: \_\_\_\_\_

Customer's Water Account #: \_\_\_\_\_

Please deduct from my

Checking Account #: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

I hereby authorize Lawrenceburg Water & Sewer Department to debit my bank account in payment of water and/or sewer service at the account shown above. This authorization may be terminated up to ten work days before the 1<sup>st</sup> of any given month, upon the request of either party.

Name, as it appears on Bank Account: \_\_\_\_\_

**PLEASE ATTACH A VOIDED BLANK CHECK**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to: City of Lawrenceburg

P.O. Box 290

Lawrenceburg, KY 40342