



Department of Public Works

Automatic Recurring Bank Draft Authorization Form

(Return Completed Form along with a VOIDED CHECK to address listed below)

Account Information (as shown on your bill)

Account Number _____ Name _____

E-Mail Address _____

Service Address _____

Telephone Number _____ Cell Phone Number _____

This Authorization Form is for any and all service locations associated with the account number listed above. If you have multiple account numbers, you must complete this Authorization Form for each account.

ACH Draft Information

Name on the Account _____ Bank Name _____

Bank Address _____

Routing Number _____ Account Number _____

Type Checking Savings
Account Action Authorize ACH Draft Update Account Info. Cancel ACH Draft

Terms and Conditions

I authorize the City of Lexington to deduct payment(s) automatically for water and sewer service charges pertaining to the service account number specified above. I understand that;

1. Automatic Recurring Bank Draft Authorization Forms will need to be submitted (in hand) along with a VOIDED check to Public Works by the 27th of the month to ensure that bank drafting will occur on the 15th of the following month. A bank draft will not start until a VOIDED check has been received. Any forms received after the 27th of the month will be applied to the next billing cycle.
2. Payments will be deducted on the 15th of each month, Holiday dependent. If multiple service addresses are associated with the above service account, each payment will show on my bank statement as a separate draft,
3. I will be subject to the current return check fee, and that penalty charges will be assessed if there are insufficient funds in the account at the time of the electronic bank transfer,
4. I have the right to receive notice of the amount of each payment deduction and that each account statement received from the City of Lexington shall constitute such notice.
5. Should I wish to cancel this authorization, or change/ close my bank account, it is my responsibility to contact the City of Lexington in writing at least ten (10) business days prior to my next bill due date. Account revisions will be reflected on my next bill.
6. This authorization is non-negotiable and non-transferable. Additionally, the City of Lexington reserves the right to terminate this draft, and/ or my participation in it, at any time.
7. **Please mail or hand deliver the form along with a VOIDED CHECK to: City of Lexington Public Works, 890 Shop Road, Lexington, VA 24450**

Owner Signature

Owner Printed Name

Date