LOWNDES COUNTY BOARD OF COMMISSIONERS

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

(229) 671-2500 (ACH DEBITS) (229) 671-2592 Fax

Utilities-dept@lowndescounty.com

Customer Account Number :_____UB Account Number:_____

Service Location:_____

I authorize Lowndes County Board of Commissioners, Utility Department, to initiate entries to the account indicated below as follows:

They may initiate DEBIT entries, which removes money from my account, for payments I owe, according to the schedule and other conditions to which Lowndes County and I have agreed.

They may initiate CREDIT entries to reverse any transactions they have originated to my account in error.

They may LIMIT my account draft to a maximum withdraw of $_____I understand that if my monthly bill is more than the amount of limit I am responsible for the balance and any penalties that may be charged.

CUSTOMER NAME:_____

Please Print

Bank /Financial Institution: _____

Bank Phone Number_____ Bank Contact:_____

Please provide a copy of a voided check or a statement from your bank with the routing and account number. *

This authority is to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

DATE:_____

SIGNED:_____

****DO NOT USE A DEPOSIT SLIP.** Many banks print internal transaction codes instead of their routing and transit numbers on their deposit slips. Using an invalid routing and transit number will prevent your transaction from being directed to the correct bank, resulting in delays in the posting of your payment. **

Supervisor verification that bank routing and transit number is correct for the requesting customer:

Information entered by	** Employee Signature ** Print	Date	Supervisor Signature	Date