



Water Billing Department
PO Box 1309
Sulphur, La. 70664-1309
Voice: 337-527-4522/337-527-4523
Fax No. 337-527-6813

Dear Customer,

The city of Sulphur now has the Bank Draft Program for payment of City Utilities (Water, Sewer, and Trash).

In order to participate in the program, please fill out the Authorization Agreement. The bank draft will take place somewhere between the 5th & the 9th of the month. Please return the white copy with a voided check in order to sign up.

If you need further assistance, please call 527-4522 or 527-4523.

Sincerely,

Debbie Landry



AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I(we) hereby authorize THE CITY OF SULPHUR to initiate debit entries to my(our):

- Checking
- Savings
- Negotiable Order of Withdrawl(NOW)

account in the entity named below ("Depository Institution") and authorize the Depository Institution to accept and to debit the amount of such entries to my (our) account.

DEPOSITORY INSTITUTION		CITY	STATE
ACCOUNT NUMBER			
TRANSIT ROUTING NUMBER			

This authority shall remain in full force and effect until the City of Sulphur and the Depository Institution have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Sulphur and the Depository Institution a reasonable opportunity to act on it, and in no event shall such termination be effective with respect to entries processed by the City of Sulphur prior to receipt of notice of termination.

I (or either of us) have the right to stop payment of an individual debit entry by notification to the Depository Institution a reasonable opportunity to act on it prior to charging the account.

After account has been debited, I(we) have the right to have the amount of an erroneous debit immediately, provisionally credited to my(our) account by the Depository Institution, provided I(we) send written notice of such erroneous debit to the Depository Institution within 60 days following the issuance of the account statement on which said erroneous debit first appears.

The undersigned hereby agrees(s) that all entries initialed hereunder are to be governed in all respects by the Rules of Louisiana-Alabama-Mississippi Automated Clearing House Association and agree(s) to be bound thereby.

CUSTOMER'S NAME	
SOCIAL SECURITY NUMBER	DATE
SIGNED	SIGNED

TO BE COMPLETED BY COMPANY

CUSTOMER ID	
LOCATION ID	
COMPLETED BY	DATE