



Water Billing Department

P.O. Box 1309

Sulphur, LA 70664-1309

337-527-4522/337-527-4523

Fax 337-527-6813

The City of Sulphur offers 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 5<sup>th</sup> and the 9<sup>th</sup> of the month. Please return the white copy with a voided check in order to sign up.

If you need further assistance, please call 337-527-4522 or 337-527-4523.

Thank you!



## 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 Withdrawal(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		
EMAIL							PHONE NUMBER		
SIGNED					SIGNED				

TO BE COMPLETED BY COMPANY

CUSTOMER ID																			
LOCATION ID																			
COMPLETED BY										DATE									