

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH)**

Please complete all information on the authorization form below.

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Name (as shown on your bill)	L.M.U.D. Account Number		
Address	City	State	Zip code
Day ( )	Evening ( )		
Telephone number			

I, \_\_\_\_\_, authorize Lumberton Municipal Utility District and the Financial Institution listed below to charge my checking/savings account for the amount of my Water/Sewer bill each month. This authorization will remain in effect until Lumberton Municipal Utility District has received written notification from me of its termination and Lumberton Municipal Utility District has reasonable opportunity to act on it.

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Name as appears on Account	Name of Financial Institution		
City	State	Zip	
Bank Routing number	Checking Account		

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*\*\*\*ATTACH VOIDED CHECK\*\*\*\*\***