

LASA AUTHORIZATION AGREEMENT FOR QUARTERLY DIRECT PAYMENT

I hereby authorize Lancaster Area Sewer Authority (LASA) and my financial institution to initiate the quarterly payment of my sewer rental bill from the account specified below. If I change financial institutions, wish to terminate direct payment, or wish to stop payment of the quarterly amount, I will take responsibility to notify LASA in writing at least seven (7) days before my account is to be charged. **I also understand that all returned checks are subject to a \$25.00 Returned Check Fee.** If payments are returned to LASA at least two (2) times, LASA reserves the right to terminate this payment agreement. I understand that upon entering into this agreement, I will no longer receive a quarterly bill and that it is my responsibility to know the amount that will be debited from my account each quarter and when my payment will be deducted from my bank account. In the event of a rate increase, LASA will notify me by mail of the effective date of the new rate, and I authorize LASA to adjust my payment accordingly. This authority will remain in effect until I notify LASA otherwise.

Date of Payment: 20th of the month it is due (Note: If the due date falls on a weekend or a bank holiday, payment is charged on the first business day thereafter)

LASA Account # _____
Service Address: _____

Name: _____
Billing Address: _____

Home Ph#: _____ Work Ph#: _____ Cell Ph#: _____

Name of Financial Institution: _____

Name of Account Holder: _____

Type of Account: (check one) Checking _____ (**Enclose a blank check marked "Void"**)

Savings _____ (Complete information below)

Savings Account # _____

Bank Routing # _____

Signature _____ Date _____

Please return to LASA at the following address:

**Lancaster Area Sewer Authority
130 Centerville Rd.
Lancaster PA 17603-4007**

NOTE: Authorization Agreements must be received by the 25th day of the month before the month in which you would like to begin direct payment. Any bill currently in your possession or that you may receive in the near future must be paid in full before the initiation of your first direct payment.

OFFICE USE ONLY! DO NOT FILL IN BELOW THIS LINE!

Bank Code: _____

Change Hold Status to: Permanent

Add Comment: ACH Customer