LIVINGSTON COUNTY
WSA
WATER & SEWER AUTHORITY

ALLOWS YOU TO PAY WATER/SEWER BILLS AUTOMATICALLY!

The Livingston County Water & Sewer Authority is pleased to offer a Direct Pay Service which allows you to enjoy the convenience of paying your water/sewer bills automatically.

Direct Pay ensures that your payments are automatically deducted from your bank account on the billed due date at no additional charge. If a bill is due on a weekend or holiday, the deduction will occur on the next business day. This way your bill will always be paid on time, even when you're vacationing or away on business! No check…….no stamp…….no envelope!

You will still receive your bill in the mail for your review and records. The electronic deduction from your bank account will appear on your bank statement. If you have questions about your bill, you can still call our billing office before the deduction is made. An adequate balance must be maintained in your bank account to cover your water/sewer bill. If it is not, you may be charged for insufficient funds.

It's easy to do! Complete the form below, enclose a voided check from your bank account **and return it to: LCWSA, P.O. Box 396, Lakeville, N.Y. 14480.** If you have any **questions** call **585-346-3523.** The Direct Pay Service will be **effective** approximately **10 days** after submission to our office.

Your account MUST be current to participate in this service. If you have multiple accounts, please send a separate form for each account.

DIRECT-PAY AUTHORIZATION FORM

I (we) authorize the Livingston County Water & Sewer Authority (LCWSA) to begin electronic deductions from my bank account for payment of my (our) water/sewer bills on the billed due date. If I (we) change banks or account numbers, I (we) will notify LCWSA in writing and mail a new voided check. If I (we) want to change or cancel this service, I (we) will notify LCWSA in writing, which must be delivered at least three (3) business days prior to the billed due date to allow LCWSA and my bank enough time to honor my (our) request.

Customer Name(s) (as it appears on the bill)

_____

Service Address _____

_____

Water/Sewer Account Number _____

Telephone Number _____

Direct Pay to begin with _____payment
Month/Year

Customer Name(s) (as appearing on the bank account)

_____

Bank Name _____

Bank Account Number _____

Type of Account ____Checking ____Savings

Signature _____ Date_____

Signature _____ Date_____

PLEASE ENCLOSE A VOIDED CHECK