

LONG BEACH WATER DEPARTMENT: 2400 Oriole Trail, Long Beach IN 46360

Email: lbwaterdept@lbpdin.com

Fax: 219-879-6099

DIRECT PAY / ACH UTILITY PAYMENTS

We are pleased to announce a new service available to our residents.

With your permission, we will automatically deduct your monthly LB Water Department and Town charges during the last full week of each month from your bank account.

Sign up to enroll today and enjoy the following benefits ...

This is a free service. No more checks, no more postage, and no more late payment fees.

Here's How Direct Utility Pay Works

When you enroll, you authorize your monthly payment to be made from your checking or savings account.

You will continue to receive your bill the first week of each month that shows your current Water Department and Town charges. Look for the "ACH / Do Not Pay" message on the payment stub. This message verifies that funds (total amount due) will be transferred from your checking or savings account the last full week of the month.

You simply deduct the TOTAL DUE listed on your utility bill charge from your checking or savings account register.

Authorization Agreement for Automated Withdrawals : (please mail, email, or fax this form)

Name(s) on Water Account: _____ LB Water Account #: _____

Service Address: _____ Long Beach IN 46360

Cell Phones: _____ email: _____

Land Lines: _____ email: _____

I (we) hereby authorize the Long Beach Water Department to initiate debit entries to my (our) checking/savings account from the financial institution named below. This authorization will remain in effect until the Long Beach Water Department has received written notification from the authorized parties to terminate this payment arrangement and has had a reasonable opportunity to act on it. I (we) agree that I (we) am (are) obligated to pay for LB Water and Town charges and any insufficient fund charges in the event that a charge to my account is dishonored, for whatever reason, and the Long Beach Water Department retains its normal collection rights.

BANK / FINANCIAL INSTITUTION: _____

City and Zip Code of BANK / Financial Institution: _____

Routing Number: _____

Account Number: _____ (Please circle: Checking / Savings)

** PLEASE ENCLOSE A VOIDED CHECK **

** PLEASE SIGN THIS APPLICATION **

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____