



Town of Lewiston Water Department
P.O. Box 109
Model City, NY 14107



Phone: 716-754-8214 • Fax: 716-754-9483

ACH DIRECT WITHDRAWALS AUTHORIZATION AGREEMENT

The Town of Lewiston is offering Bank Drafting for payment of your utility bill. You may either use a checking account or savings account. Simply complete the authorization form below and **return it to us with a voided check from your checking account or voided deposit slip for savings.**

Once all paperwork is in, you will receive an email verification stating you are now signed up for direct withdrawal. You will receive a paper copy of your quarterly bill with a note that says "do not pay" on it. This is the amount that will be withdrawn from your account on or around the 21st of the billing month. (February, May, August and November).

Authorization Form for Direct Debit/Auto Pay

You must complete a separate form for each property to be enrolled

Utility Account Number _____

Service Address _____

Phone Number _____ Email Address _____

Would you like to receive your bill via email? Yes No

Financial Institution Name _____

Account Type (Please Circle One) Checking Savings

Account number _____ Routing/ABA Number _____

I am authorized to use the payment information provided for this auto payment. I authorize the Town of Lewiston to deduct from my checking/savings account, held at the specified financial institution, for the payment of by bill on the date shown on my bill. This authorization will remain in effect until revoked by me in writing. I understand that I have the right to stop my participation in the direct debit program up to one week before the due date shown on my bill. I understand the Town of Lewiston and/or the financial institution indicated above reserve the right to end this payment plan and my participation therein.

I agree to notify the Town of Lewiston of changes affecting my account status which would affect the ability to have payments automatically withdrawn (i.e. the account is closed) immediately. If a payment is not honored, or is returned by the financial institution, I agree the Town of Lewiston may charge me a returned item fee of \$20.00.

I agree to allow the Town of Lewiston to store my account information, for the sole purpose of making the indicated automatic payments. I release the Town from liability or damages resulting from the loss or theft of information. All information is encrypted and available only to those employees responsible for utility billing/collection functions.

Signature _____ Printed Name _____ Date _____

Please email completed form with voided check to TMeogrossi@TownofLewiston.us