



LACONIA WATER WORKS
PO BOX 6146
LAKEPORT NH 03247-6146
603-524-0901

UTILITY PAYMENT PRE-AUTHORIZATION

Please complete the following information and return signed authorization with a deposit/withdrawal slip or voided check. Please print neatly or type.

LWW ACCOUNT NUMBER: _____
SERVICE ADDRESS: _____
OWNER OF PROPERTY: _____

NAME ON BANK ACCOUNT: _____
ACCOUNT HOLDER ADDRESS: _____
CITY STATE ZIP: _____
TELEPHONE: (_____) _____
E-MAIL ADDRESS: _____

BANK NAME: _____
BANK ADDRESS: _____
BANK ROUTING NUMBER: _____
ACCOUNT NUMBER: _____
Select One: CHECKING SAVINGS

I hereby authorized Laconia Water Works to initiate an electronic debit to my checking or savings account in the amount of the Water and/or Sewer and Cross Connection Control invoices for the account specified above. Utility invoice due dates are set a minimum of thirty days from the billing date.

I understand that this is a recurring transaction to be processed on or after the Due Date of said invoices.

Cancellation of this order must be made in writing to Laconia Water Works a minimum of five business days prior to Due Date. Changes to account information must be received five business days prior to the Due Date. It is the account holders' responsibility to provide the Laconia Water Works with accurate account information.

Failure of the electronic transaction to process due to insufficient funds may result in late payment penalties. Failed transactions will be reprocessed one-time only. I understand that payment for water and/or sewer charges must be made to the Utility by cash or check within fifteen days in the event that funds cannot be collected via electronic transfer. Unpaid charges are subject to service termination according to the Laconia Water Works Tariff.

Signature of Bank Account Holder

Date