

LAKE BERESFORD WATER ASSOCIATION

386-738-0066

Mailing Address

PO Box 527
DeLand, FL 32721

www.lakeberesfordwa.com
lberesfordwa@hotmail.com

Office Location

820 W New York Ave.
DeLand, Florida

For years members have requested an automatic payment option and I'm happy to say it is finally here! If you would like to initiate this option, please return this form by mail, email or in person at 820 W. New York Ave. Thereafter, your statements will be mailed as usual, and your account debited on the 20th of the month. The initial debit will occur on the billing cycle following receipt of this form, unless otherwise noted. Please call the office, or email lberesfordwa@hotmail.com if you have any questions.

Diana Jones
Business Manager

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize LAKE BERESFORD WATER ASSOCIATION, INC. hereinafter called LBWA, to initiate debit entries to my (our) account at the depository financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH Transactions to my (our) account must comply with the provisions of U.S. law.

Start Date: _____ Account Type: Checking Savings.

Payment Frequency: Recurring Other _____

Name/s on Account (PLEASE PRINT): _____

Service Address: _____ LBWA Account #: _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Amount will be statement balance unless a limit is set. Maximum Amount: _____

Signature/s

Date

I (we) understand that this authorization is to remain in full force and effect until I (we) notify LBWA in writing, by email or by phone that I (we) wish to revoke this authorization. I (we) understand that LBWA requires at least thirty (30) days prior notice in order to cancel this authorization.

NOTE: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.