

# 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

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**LBWA now offers an automatic payment option. 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, you will receive a yellow statement by mail, and your account debited the amount on the statement on the 20<sup>th</sup> of the month. Call the office immediately if there are any questions or concerns regarding the amount on the statement. 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.

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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. Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature/s

\_\_\_\_\_  
Date

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**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.**