



P.O. Box 270 116 E Wayne St LaGrange, IN 46761
Phone: 260-499-6349 email: lcrsd@locl.net
www.lagrangecountywatersewer.com

AFTER HOURS EMERGENCY PAGER NUMBER 1-888-246-7882

RE: Direct Payment Option

To Whom It May Concern:

We are pleased to offer you the Direct Payment Plan for your wastewater collection and treatment service provided by the LaGrange County Regional Utility District. You can have your payment deducted automatically from your checking or savings account, and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- *It saves time-fewer checks to write and mail.
- *Helps pay your bills in a convenient and timely manner-even if you're out of town.
- *Your payment is always on time.
- *It saves postage.
- *It's easy to sign up for, easy to cancel.
- *No late charges.

Here's how the Direct Payment Plan Works:

You authorize regularly scheduled payments to be made from your checking or savings account. These payments would be debited from your account on the 20th of the month, and proof of payment will appear on your statement as "LCRUD".

If payment is returned due to insufficient funds or closed account, we will mail you a copy of the bank notification. Payment will need to be made by the due date to keep from receiving a penalty. You will need to mail in a check or it may be dropped off at the office. Should payment be returned (denied) more than one time the District maintains the right to cancel your Direct Payment Plan. If this happens you will be notified in writing and another payment option would need to be used.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.



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All you need to do is if you are interested is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

Thank you for your attention to this matter, and have a great day.

Sincerely,

Jeanette Combs
District Administrator



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***PLEASE PRINT**

I authorize LaGrange County Regional Utility District (LCRUD) to initiate electronic debit entries to my:

_____ Checking Account (or) _____ Savings Account

For payment of my sewer utility bill.

I acknowledge that the origination of ACH to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

Phone _____

LCRUD Account Name _____

LCRUD Account Number _____

Financial Institution Name _____

Account Number at Financial Institution: _____

Financial Institution Routing Number: _____

Financial Institution City and State: _____

Signature: _____

PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO:

**LAGRANGE COUNTY REGIONAL UTILITY DISTRICT
P. O BOX 270
LAGRANGE, IN 46761**