

STOP WRITING  
US A CHECK



Make Your Payment  
Electronically



Save Time, Money  
and Postage  
with  
Automated Bill  
Payment Plan



**LE-AX WATER DISTRICT**



**Le-Ax Water District**  
P.O. Box 97  
The Plains, OH 45780

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# Le - Ax Water District

## Automated Bill Payment Plan



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**Le-Ax Water District**  
**P.O. Box 97**  
**The Plains, OH 45780**

Tel: 740-594-0123

Place Stamp  
Here



# AUTHORIZATION FORM

## Le-Ax Water District Automated Bill Payment Plan

### About Our Program...

#### *How will my bill be paid?*

With your authorization, we will inform your bank or credit union of the amount due. They will automatically deduct the amount from your account.

#### *How will I know the amount of my bill?*

We will send you a copy of your bill before its due date indicating the amount owed.

#### *What if I have a question about my bill?*

You can contact the Le-Ax Water District Office at 740-594-0123 just as you have in the past.

#### *How will I know my bill has been paid?*

Your next billing from us, as well as the statement from your financial institution, will show the amount paid.

#### *When is my bill paid?*

Your bill will be paid on the 15th of the month.

#### *How do I sign up?*

It's easy! Simply complete the authorization form on the right and return it to the Le-Ax Water Office.

Name \_\_\_\_\_ Le-Ax Account # \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Bank/Credit Union Name \_\_\_\_\_

Address \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Account Number that we will take your payment from \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Account is a  Checking  Savings

#### Authorization

I hereby authorize the Le-Ax Water District to deduct my payment from the account listed above. I understand that I control my payments, and will notify you if at any time I decide that I would like to discontinue this payment service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In accordance with Federal law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.