



Proudly serving Lawrence County since 1939

P.O. Box 649 | 25 Public Square, Suite D | Lawrenceburg, TN 38464  
Ph 931.762.7161 | Fax 931.762.6747 | www.lburgus.com

## Bank Draft Authorization

Thank you for your interest in our bank draft program. Please complete the below information and return this form to our Customer Service Department. \*\*To ensure your account is properly debited, please attach a voided check.\*\*

Draft Start Date: \_\_\_\_\_

LUS Account Number: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Service Address:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

### Draft Information

Account Type:    \_\_\_ Checking    \_\_\_ Savings    \_\_\_ Debit/Credit Card (Visa or Mastercard ONLY)

Bank Information:

\_\_\_\_\_  
(Name on Bank Account)

\_\_\_\_\_  
(Name of Bank)

\_\_\_\_\_  
(Bank City/State)

\_\_\_\_\_  
(Bank Account Number)

\_\_\_\_\_  
(Bank ABA/Routing Number)

Card Information:

\_\_\_\_\_  
(Name on Card)

\_\_\_\_\_  
(Expiration Date)

\_\_\_\_\_  
(Card Number)

\_\_\_\_\_ Visa    \_\_\_\_\_ Mastercard

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To Bank: As a convenience to me, please honor drafts drawn on my account Lawrenceburg Utility Systems to its order and charge them to me checking/savings account. Your authority to do so shall continue until you receive written notice from me, revoking it, and you may terminate your participation in this written notice to the Lawrenceburg Utility Systems.

I agree that your rights with respect to each draft shall be the same as it were a check drawn and signed by me. I further agree that should any draft be dishonored, with or without cause, intentionally or inadvertently, you shall be under no liability whatsoever.

Lawrenceburg Utility Systems and/or bank reserve the right to discontinue this service at any time they deem necessary.

*LUS will provide services to all persons without regard to race, color, or national origin.*