

STOP WRITING
US A CHECK



Make Your Payment
Electronically



Save Time, Money
and Postage
with
Automated Bill
Payment Plan



6000 Industrial Dr
Athens, OH 45701

Le-Ax Water District

Le - Ax Water District

Automated Bill Payment Plan



Le-Ax Water District
6000 Industrial Dr
Athens, OH 45701

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 outstanding monthly payment amount from the account listed above on the 15th or next available business day. I understand that I control my payments, which remain in effect until I notify Le-Ax Water District in writing by mail to 6000 Industrial Drive, Athens, OH 45701-8736 or fax to 740-593-8294 and is received at least 7 days prior to the proposed effective date of the termination of authorization for this payment service.

Signature _____ Date _____