



# ALBERTA WATER SYSTEM, INC

PO Box 145  
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Castor, LA 71016-0145

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Email: [albertaws@bellsouth.net](mailto:albertaws@bellsouth.net)

[www.albertawatersystem.org](http://www.albertawatersystem.org)

Tired of late fees or reconnect fees? Tired of buying stamps? Alberta Water System, Inc., cordially invites you to join our safe and convenient automatic withdrawal program (ACH payments) which automatically transfers your water bill payment from your bank to Alberta Water System each month when your payment is due. You will still receive your monthly water bill and your payment will be drafted on the 12<sup>th</sup> of each month (three days before the late fee applies). This will allow enough time between when the bill is mailed and the payment is drafted if you have any questions about your bill.

To sign up please complete the form and mail it back to Alberta Water System, Inc., PO Box 145, Castor, LA 71016-0145. Please also include a voided check from the account in which you desire the payment to be drafted.

## AUTHORIZATION AGREEMENT FOR ALBERTA WATER SYSTEM ACH PAYMENTS

I (we) authorize and request Alberta Water System, Inc, to initiate electronic debit entries (ACH payments) to charge my (our) bank account indicated below in the financial institution named below ("BANK"). I (we) authorize and request BANK to honor the debit entries initiated by Alberta Water System, Inc., and debit these charges to that account. This authorization relates to all payments required on my (our) Alberta Water System, Inc., water account indicated below. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must notify Alberta Water System, Inc., and BANK in writing far enough in advance to give Alberta Water System, Inc., and BANK a reasonable opportunity to act.

Alberta Water System Customer Name: \_\_\_\_\_

Alberta Water System Account Number(s): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Please check one:      Checking: \_\_\_\_\_      Savings: \_\_\_\_\_

Please attach a voided check or deposit slip from the account you are wanting drafted.

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

Customer Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Signature of anyone else who authorization is required to withdraw funds from this account:

\_\_\_\_\_      Date: \_\_\_\_\_

Note: Payments will begin when your next water payment is due. If the 12<sup>th</sup> falls on a weekend or holiday, the funds will be withdrawn on the first business day after the weekend or holiday.

\*This institution is an equal opportunity employer.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights,  
1400 Independence Ave, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD).