

# ***BANK DRAFT OR CREDIT CARD APPLICATION***

Automatic bank draft or credit card can pay the Town of Lexington water and sewer bills. Information pertaining to this service follows:

- 1) Your account will not be drafted before the 20<sup>th</sup> of the month.
- 2) You save time, worry and checks.
- 3) Your bill will state if being paid by automatic bank draft or credit card.
- 4) If you have any questions or problems concerning charges, please contact the Finance department upon receipt of the bill.
- 5) Request for any changes regarding this authorization, must be in writing.
- 6) Items returned unpaid (NSF, Closed Accounts, Declined Items, etc.) will be charged a \$30.00 service charge.

Customer Service: 803-951-4630

Fax: 803-951-0352

Email: rlowell@lexsc.com

## ***BANK DRAFT AUTHORIZATION FORM FOR CONSUMER WITHDRAWAL***

(Please attach a voided check)

**NAME (AS IT APPEARS ON THE BILL):** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**WATER/SEWER ACCOUNT NUMBER:** \_\_\_\_\_

I authorize the Town of Lexington to draft my bank account to pay for monthly water/sewer bills. I also understand I may discontinue this authorization at any time by giving written notice to the Town of Lexington. I realize this information will be used solely for the purpose of consumer withdrawal.

**BANK OR INSTITUTION:** \_\_\_\_\_

**BANK ACCOUNT NUMBER:** \_\_\_\_\_ **CHECKING:** \_\_\_\_\_ **SAVINGS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## ***CREDIT CARD AUTHORIZATION FORM FOR CONSUMER WITHDRAWAL***

**NAME (AS IT APPEARS ON THE CREDIT CARD):** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS OF THE CREDIT CARD STATEMENT IF DIFFERENT THAN ABOVE  
(STREET NUMBER AND ZIP CODE ONLY):** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **WATER/SEWER ACCOUNT NUMBER:** \_\_\_\_\_

I authorize the Town of Lexington to charge my credit card to pay for monthly water/sewer bills. I also understand I may discontinue this authorization at any time by giving written notice to the Town of Lexington. I realize this information will be used solely for the purpose of consumer withdrawal.

**PLACE AN X IN THE APPROPRIATE SELECTION: VS:** \_\_\_\_\_ **MC:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_ **EXP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_