

BANK DRAFT, CREDIT CARD and E-BILL 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 20th 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) Items returned unpaid (NSF, Closed Accounts, Declined Items, etc.) will be charged a \$30.00 service charge.
- 6) Request for any changes regarding this authorization, must be in writing by mail, fax or email.

E-Billing: Go paperless! You will receive monthly billing and other notifications from the Town by email.

Customer Service: 803-951-4630 Fax: 803-951-0352 Email: mpeterson@lexsc.com

BANK DRAFT AUTHORIZATION FORM FOR CONSUMER WITHDRAWAL **(Please attach a voided check)**

Name on account: _____ **Telephone #** _____

Service Address: _____
(STREET/CITY/STATE/ZIP)

Water/Sewer Account # _____ - _____ - _____

I authorize the Town of Lexington to draft my bank account to pay for monthly water/sewer bills. I understand that 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 of Institution: _____ **Routing #** _____

Bank Account #: _____ **Checking:** _____ **Savings:** _____

Signature: _____ **Date:** _____

CREDIT CARD AUTHORIZATION FORM FOR CONSUMER WITHDRAWAL

Name on account: _____ **Telephone #** _____

Service Address: _____
(STREET/CITY/STATE/ZIP)

Mailing address of the credit card statement if different than above – Street # and Zip code only: _____ / _____

Water/Sewer Account # _____ - _____ - _____

I authorize the Town of Lexington to charge my credit card to pay for monthly water/sewer bills. I understand that 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.

Visa: _____ **Mastercard:** _____ **Card #** _____ - _____ - _____

Exp. Date: ____ - ____ **Security Code:** _____

Signature: _____ **Date:** _____

E-BILL APPLICATION

Name on account: _____ **Telephone #** _____

Service Address: _____ **Email Address:** _____
(STREET/CITY/STATE/ZIP)

Water/Sewer Account # _____ - _____ - _____

I authorize to receive my monthly billing by using the Town of Lexington E-Bill option. I understand that I may discontinue this authorization at any time by giving written notice to the Town of Lexington.

Signature: _____ **Date:** _____
