

Automatic Payment Program Authorization



NAME (Please print name as shown on bill)

SERVICE ADDRESS

CITY

STATE

ZIP

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PHONE NUMBER

LONG ISLAND AMERICAN WATER ACCOUNT NUMBER

To participate in Long Island American Water's Automatic Payment Program, I authorize Long Island American Water to instruct my financial institution to make my water bill payments from the following account as they are due:

- Checking Account (*IMPORTANT: Attach a blank check from your account to this form. Make certain it is marked "VOID." Only preprinted checks are acceptable, NO starter checks please. Personal checks are not accepted for commercial accounts.)
- Savings Account (*IMPORTANT: Attach a pre-printed savings account deposit slip. No passbook accounts, please.)

Please note: a handling fee may be applied for insufficient funds or returned checks.

Note for commercial accounts: Commercial account requests must be accompanied by a statement from the account holder's bank on bank letterhead indicating that the signature on the form is the approved signature for the commercial account at the bank. This letter must be signed by a bank officer.

BANK, SAVINGS & LOAN, OR CREDIT UNION

ADDRESS OF BANK, SAVINGS & LOAN, OR CREDIT UNION

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PHONE NUMBER FOR BANK, SAVINGS & LOAN, OR CREDIT UNION

SAVINGS OR CHECKING ACCOUNT NUMBER

I understand that I am in full control of the automatic payment service. If I decide to discontinue it, I will notify Long Island American Water. Please allow 30 days to process your request. I understand this information will be used solely for the purposes of the automatic payment service.

ACCOUNT HOLDER NAME (PLEASE PRINT)

SIGNATURE

DATE

Please mail or fax completed form and voided check or pre-printed savings account deposit slip to:

Long Island American Water
P. O. Box 578
Alton, IL 62002
Fax: 1-618-433-4569