



ROCKBRIDGE COUNTY PUBLIC SERVICE AUTHORITY

APPLICATION FOR AUTOMATIC RECURRING BANK DRAFT

This application is for any and all service locations associated with your account number. If you have multiple account numbers you must fill out an application for each account number.

Purpose of form: New Applicant Change Request Cancel Auto Debit

Please enter the following:

CUSTOMER NAME		ACCOUNT #	
SERVICE ADDRESS(ES)			
HOME/CELL PHONE		WORK PHONE	
EMAIL ADDRESS			

Please provide the following information on your bank account:

NAME(S) ON THE ACCOUNT	
BANK NAME	
ROUTING NUMBER	
ACCOUNT NUMBER	
ACCOUNT TYPE	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

I authorize Rockbridge County Public Service Authority to deduct payment(s) automatically for the account number specified, for charges incurred at the service address(es) associated with my account. I understand that payments will be deducted on the due date of my bill(s), and that each service address bill payment will show on my bank statement as a separate draft. I also understand that I will be subject to the current return check fee, and that penalty charges will be assessed if insufficient funds are available at the time of the electronic fund transfer. I further understand that I have the right to receive notice of the amount of each payment deduction, and that each bill I receive from Rockbridge County Public Service Authority will constitute such notice. Should I wish to cancel my authorization, change or close my bank account, it is my responsibility to contact Rockbridge County Public Service Authority in writing at least 10 business days prior to my next bill due date. I understand that if corrections to my account are necessary, they will be reflected on my next bi-monthly bill. I understand that this authorization is non-negotiable and non-transferrable. I also understand and

agree that the Rockbridge County Public Service Authority reserves the right to terminate this draft and/or my participation in it. I may contact Rockbridge County Public Service Authority by phone at 540-463-4329, or by mail at the address below.

I have read and agree to the above authorization agreement.

Signature: _____ **Date:** _____

You must include a voided check (starter checks are not accepted) if you wish to have funds deducted from your checking account, or provide a bank document showing your name, routing number and savings account number if you wish funds to be deducted from your savings account.

Please bring or mail one of these along with this completed application to:

Rockbridge County PSA
150 S Main St
Lexington, VA 24450