



107 South Main St. • PO Box 228
Lennox, South Dakota 57039
(605) 647-2286 p • (605) 647-2281 f
email: lennoxwater@cityoflennoxsd.com

The City of Lennox now offers residents the opportunity to pay their water/sewer utility bills by a credit or debit card. Payments will be withdrawn from account on the due date of your monthly billing statement, typically the 5th of the month. You will continue to receive a City utility billing statement allowing time to contact the City with any questions before your payment is processed. To enroll, please complete this form and return it to City of Lennox, PO Box 228, 107 South Main St., Lennox, SD 57039, Fax (605) 647-2281 Email lennoxwater@cityoflennoxsd.com. If you have any questions, please contact City Hall at (605) 647-2286.

Water & Sewer Billing Credit/Debit Card Recurring Debit Authorization Form

I (we) authorize the City of Lennox to make recurring charges to my credit/debit card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until the City of Lennox is notified by me (us) to cancel it in such time as to afford the City of Lennox a reasonable opportunity to act on it. I also understand that if my credit/debit card charge is denied by my card company, it is my responsibility to pay my utility bill prior to the due date or I will be subject to all late fees associated with a delinquent bill.

Please print clearly.

Customer Name: _____
(As it appears on City utility bill)

Street Address of Service: _____

Mailing Address: _____
(If different from street address)

Utility Bill Account #: _____

Phone: _____ Email Address: _____
An email address must be provided if you would like a receipt emailed.

Signature: _____ Date: _____

MasterCard, Discover and Visa accepted.

Card Type: Circle One Visa Mastercard Discover

Card Holder's Name: _____

Card Number: _____

Expiration Date: ____ / ____

CSC Code: _____ (CSC is a 3 or 4 digit code that is found on the back of the card on the far right side.)

Please return this completed form to:
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