

ACH Authorization

I (we) authorize PWSD #1 OF STONE COUNTY to electronically debit my (our) account for the total amount due on the water bill.

I (we) understand that this authorization will remain in full force and effect until I (we) notify PWSD #1 OF STONE COUNTY in writing, that I (we) wish to revoke this authorization. I (we) understand that PWSD #1 OF STONE COUNTY requires at least 10 days prior notice in order to cancel this authorization.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that PWSD #1 OF STONE COUNTY will add a Returned Payment fee to my (our) account. This fee will be due along with current charges on account.

**** *Accounts will be debited on billing due date (unless the date falls on weekend then it will be the Monday after)*****

Account Type:	Checking	Savings
Bank Name:		
Bank Address:		
Bank Routing Number:		
Bank Account Number:		
Name on Account:		

☐ **Authorize**

Name(s): Phone Number: _____

Signature: _____ Date: _____

Property Location: _____

PWDS Acct. #: _____

PLEASE ATTACH A VOIDED CHECK WITH CONTRACT