

# Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period (15<sup>th</sup> of each Month). The charge will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 Days prior to the payment being collected.

Please include a Voided Check.

I \_\_\_\_\_ (Print name) authorize CORINTH WATER DISTRICT to charge my checking/Savings account for the current water bill \_\_\_\_\_ (initial on the line)

IF YOU WOULD LIKE A SET AMOUNT DEDUCTED FROM YOUR ACCOUNT, PLEASE INDICATE THAT AMOUNT HERE \_\_\_\_\_ (initial on the line)

## Billing Information

CORINTH WATER DISTRICT Account number \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, St, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Bank Details

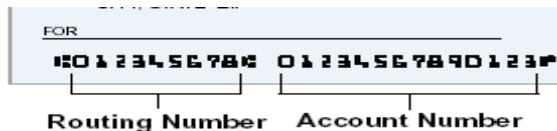
☐ Checking ☐ Savings

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify *CORINTH WATER DISTRICT* in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment date fall on a weekend or holiday, I understand that the payment may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. In the case of than ACH transactions being rejected for Non-sufficient Funds (NSF) I understand that *CORINTH WATER DISTRICT* may at its discretion attempt to process the charge again within 30days. And agree to an additional \$17.00 (initial) charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S Law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank: so long as the Transactions correspond to the terms indicated in this authorization form.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (account holders Signature)

DATE: \_\_\_\_\_