

DIRECT PAYMENT AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT

I (we) hereby authorize Lake Delton Utility Department, hereinafter called COMPANY, to initiate debit entries to my account indicated below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

FINANCIAL INSTITUTION NAME: _____

ROUTING #: _____ **ACCOUNT #:** _____

(Check One): **CHECKING** **SAVINGS**

NAME ON THE ACCOUNT: _____

TYPE OF ACCOUNT (Check One): **Personal** **Business**

The amount of my monthly utility payment will be described on monthly statement sent via United States Postal Service on or before the first (1st) day of each month.

The withdrawal from my bank account will occur on the eighteenth (18th) day of each month. I further understand, if the eighteenth (18th) day of the month falls on a Saturday or Sunday, the payment will be charged to my account on the following Monday.

The COMPANY shall not be held liable for any charges or fees incurred by the utilities customer’s financial institution.

Please provide a voided check if drafting from a checking account or a bank identification card if drafting from a savings account. The process of setting up a bank draft will take two billing cycles to complete. The first billing cycle will be set up as a “Pre-Note” and goes through your bank as a \$0.00 amount. This allows the COMPANY to verify bank account and routing numbers. The second billing cycle will go through as a “UTIL. BILL” for the full amount of the utility bill. When it goes through as a “UTIL. BILL” you will receive your utility bill with “Direct Payment-Do Not Pay-” typed on the bill above the barcode in the upper right hand corner.

In the event the ACH payment results in a non-sufficient fund transaction, a twenty dollar (\$20) NSF fee will be applied to the account plus any and all penalties for non-payment by the due date as described on the monthly statement. If said ACH payment results in three or more non-sufficient fund transactions within a twelve month calendar year, I will lose all privileges of the ACH payment service offered by the COMPANY.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its terminations in such time and in such manner (at least 30 days) as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

I have read the above and agree with the notices/terms listed. I have attached a voided check (**forms will not be processed without a voided check**). **If you have multiple Utility bills that you wish to have paid from a single bank account, please complete a form for each service address and submit all forms with one voided check**

NAME(s): _____ **Title if Business Check:** _____

ADDRESS: _____ **Phone:** () -

CITY, STATE, ZIP: _____

SIGNATURE: _____ **DATE:** _____/_____/20____

In 2017 Billing Statements can be emailed if you are signed up for ACH.
Email Address Required: Please check box if want statements by email.

EMAIL Address: _____@_____._____