

Recurring ACH Payment Authorization

Schedule your payment to be automatically deducted from your checking account. Just complete and sign this form then deliver to the District office to get started.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment will always be on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

- You authorize regularly scheduled debits to your checking account.
- Your account will be debited the amount indicated on your water bill.
- We recommend you compare your water bill with your monthly bank statement for verification.

A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided. You must provide written notification at least 21 days prior to your due date of any changes to your ACH account information.

Please complete all information below:

I _____ authorize **Cass County PWSD #10** to charge my bank
(Full Name - print)
account indicated below for my monthly billed water usage on the due date.

Customer Information: Name _____

Service Address _____ Water Account # _____

Day Time Phone # _____ Email _____

Bank Details:

Checking Savings (check one)

****A VOIDED check must be attached.**

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Number: _____



Terms and Conditions: I understand that this authorization will remain in effect until I cancel it in writing. I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to Cass County PWSD #10, at the above address, at least 21 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that, in accordance with the water users agreement, a 10% late charge will be assessed if the amount due is not received in good and collected funds by the due date. I understand that Cass County PWSD #10 may at its discretion attempt to process the charge again within 30 days. I also understand and agree that a return item charge (\$30) may be assessed for each returned ACH debit. 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. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

SIGNATURE _____
(Authorized Account Holder's Signature)

DATE _____