

Edwardsville Water Authority

545 Maplewood Blvd Georgetown, Indiana 47122 (812) 948-0900

EdwardsvilleWater.com

AUTOMATED CLEARING HOUSE AUTHORIZATION (ACH) AUTOMATIC MONTHLY PAYMENTS

I (we) hereby authorize Edwardsv initiate entries for monthly billing institution named below, hereina to such account. I (we) acknowled account must comply with the pro	to my (our) account indicated fter called FINANCIAL INSTITU dge that the origination of ACI	below and the financial TION, to credit the same
(Financial Institution Name)		outing Number - 9 digits)
(C	Checking Account Number)	_
This authority is to remain in full freceived written notification from such time and manner as to afford a reasonable opportunity to act o each month unless it falls on a webusiness day.	n me (or either of us) certified d Edwardsville Water Authorit n it. All ACH transactions will	mail of its termination in y and Financial Institution take place on the 20 th of
I understand that in the event a p EWA account. A second returned from the ACH service for 12 mont	payment will cause my EWA a	•
(Print Individual Name)	(Signature)	(Date)
(EWA Account Number)	(Service Address plus city – if <u>not</u> on VOIDED check)	

PLEASE ATTACH A VOIDED CHECK HERE (OR A PRINTOUT FROM YOUR BANK) WITH YOUR ACCOUNT INFORMATON.

(Deposit slips & bank statements cannot be accepted.)