



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

How the service works:

You will receive your monthly utility bill in the mail or E-bill on your normal billing date. To the left of the amount due the bill will state **“BANK DRAFT-DO NOT PAY”**. Your bank will then deduct the billed amount on the 10th of the month, (the next business day if it falls on a Holiday or weekend).

***This form, voided check, and identification must be submitted to the District and confirmed received on or before the 5th of the month if you want your draft to be taken from your account for the current billing cycle. If this form and the other requirements are presented and confirmed received after the 5th of the month, you will be responsible for payment by the required due date.**

What are the advantages?

No monthly check to write, Saves on postage, never a late charge, easy and fast.

Is there a fee for this service?

There is no fee or service charge for automatic payments.

How to enroll?

Complete the “Authorization Agreement for Automatic Payments (ACH DEBITS) from below. To find routing number, look at your check or contact your bank or other financial institution. This number should have nine digits. *A voided check must be presented to the District with this completed authorization form. You must appear in person, with identification, and your name must be on bank account.

How to cancel this service:

A completed **Termination Agreement for Direct Payments (ACH DEBITS)** must be submitted to and confirmed received by the District before the 5th of the month to avoid another draft from your account.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I/we hereby authorize Seis Lagos Utility District, hereinafter called the District, to initiate debt entries to my/our Checking Account indicated below at the depositor financial institution names below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the original of ACH transaction to my (our) account must comply with the provisions of the U.S. Law.

Name of the Bank or Other Financial Institution Bank Address City State Zip Code

Routing Number Account Number

This authorization is to remain in effect until DISTRICT has received a completed **Termination Agreement for Direct Payments (ACH DEBITS) Form** in such time and in such manner to afford DISTRICT and financial institution a reasonable opportunity to act.

Signature Date Block/Lot # or SLUD account #

Printed name as it appears on DISTRICT ACCOUNT Service Address

Home Phone Work/Cell number