



Southside Water  
& Sewer District

P.O. Box D, Sandpoint, ID 83864 - [southsidewaterandsewer@frontier.com](mailto:southsidewaterandsewer@frontier.com) – ph. (208) 255-1041

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) authorize **Southside Water and Sewer District** (“COMPANY”) to electronically debit my (our) account monthly (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

- Checking Account
- Savings Account

at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

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

Debit(s) will normally occur between the 15<sup>th</sup> and the 20<sup>th</sup> of each month.

Amount of debit(s) is the balance for services and/or fees computed for the prior month from the first to the last day of the month.

I (we) understand that this authorization will remain in full force and effect until I (we) notify **Southside Water and Sewer District** in writing by mail to P.O. Box D, Sandpoint, ID 83864 that I (we) wish to revoke this authorization. I (we) understand that **Southside Water and Sewer District** requires notification to be received at least (7) days prior to the proposed effective date of the termination of authorization.

SWSD Account Number \_\_\_\_\_ Service Address \_\_\_\_\_

Name(s) \_\_\_\_\_ (Please Print)

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

*PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM*