

P.O. Box D, Sandpoint, ID 83864 - <u>southsidewaterandsewer@swsdidaho.org</u> - 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 \_\_\_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_Branch \_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_\_Branch \_\_\_\_\_\_B

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

Debit(s) will normally occur on or around the 15<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.

Select One: Continue to send monthly billing card Don't send monthly billing card

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