

Water Account # _____

Date _____

Initials _____

Southside Public Water Authority
Authorization for Direct Payment VIA ACH (ACH Debits)

I (we) hereby authorize **SOUTHSIDE PUBLIC WATER AUTHORITY** ("COMPANY") to electronically debit my (our) account as follows:

Select One:

Checking Account

Savings Account

At the depository financial institution named below, I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Amount of debit(s) or method of determining amount of debit(s): Amount of Water Bill / Account Balance .

Date(s) and/or frequency of debit(s): 10th of each month .

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

This authority is to remain in full force and effect until **Southside Public Water Authority** has received written notification from me (or either of us) of its termination in such time and manner as to afford **Southside Public Water Authority** and Financial Institution a reasonable opportunity to act on it.

Name(s) _____ (Please Print)

Signature(s) _____

Date _____ Water Account # _____