



BEACON HILL
WATER AND SEWER DISTRICT

COMMISSIONERS
MONTE RODEN
BONNIE DECIUS
MICHELLE HOLLIS

Authorization for Automated Payments ACH Debits

I (we) hereby, authorize BEACON HILL WATER & SEWER DISTRICT, hereinafter called the DISTRICT, to initiate debit entries and to initiate if necessary, credit and adjustments for any debit entries in error to my (our) **CHECKING** or **SAVINGS** account (**circle one**) indicated below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY INFORMATION:

NAME OF FINANCIAL INSTITUTION

BRANCH

CITY

STATE/ZIP

TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authority is to remain in full force and effect until the DISTRICT has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the DISTRICT and BANK a reasonable opportunity to act on it.

SIGNATURE:

ACCOUNT NAME:

PRINT NAME:

SERVICE LOCATION:

DATED:

ACCOUNT NUMBER:

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

FOR COMPANY USE ONLY

1ST EFT: _____ LTR SENT: _____ IN HANCE: _____ BOOK: _____

Date of account change: _____

Processed By: _____