

ACH Authorization

I (we) authorize Fairview-Union Water System (“COMPANY”) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Amount of debit(s) or method of determining amount of debit(s): Current amount due on account.

Date(s) and/or frequency of debit(s): Monthly on or around the 10th of the month.

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account:	
Bank Account Number:	
Bank Routing Number:	
Bank Name:	
Bank City, State:	

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 7 days prior notice in order to cancel this authorization.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that COMPANY may attempt to process the transaction again within 30 days, and I agree to an additional \$20 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) _____

Signature _____ Date _____