

Recurring ACH Debit – Bill Payment Authorization

This agreement allows Public Water Supply District No. 2 of Clay County, MO, to process an ACH debit electronic funds transfer for the monthly payment of your water utility bill. Transfer of funds will be made on the due date of the 15th of each month. If the 15th falls on a weekend or holiday, payments will be drafted on the next bank business day. I agree to notify PWSD #2 of any changes in my account information for successful processing or if I wish to revoke this authorization. Notification must be received at least ten (10) business days prior to the processing bill due date, as follows:

- Change of Bank Account: Complete new authorization form.
- Revoke ACH Debit: Submit request in-person, by phone, or in writing via the email address on this form.

Account Holder Details:

Name: _____

Address: _____

Phone Number: _____

PWSD 2 Acct Number: _____

Financial Institution Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: Checking Savings

Bank Account Verification: *(Attach voided check or have your financial institution complete back section of this form.)*

I understand this authorization will remain in effect until I cancel as instructed above. I agree to notify PWSD #2 of any changes in my account information for successful processing. If authorization is active at which time I leave the District/close my account, final bill amounts due will be debited on the next ACH draft processing date.

I understand that upon the failure of my financial institution to honor the ACH debit for any reason, this payment shall be handled as a return check, and the plan may be terminated by PWSD #2. The District cannot reprocess a returned ACH debit transaction. Therefore, payment of the amount due, plus penalty and NSF fee will be due and payable by cash, money order, or card. In the event of a return, PWSD #2 will door-hang notice of the return for payment by the date specified on the notice.

I acknowledge that the origination of ACH transactions to my account must comply with this authorization. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my financial institution; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____

Date: _____

(Account Holder’s Signature)

**Financial Institution's Verification of Account
For ACH Debit Authorization**

Bank Account Verification (Must be completed by the financial institution's authorized representative.)

This is to certify that _____ (Account Holder) maintains the
(Account Holder)
account listed within this agreement with _____.
(Financial Institution)

(Print Name of Institution Official)

(Title)

(Signature of Institution Official)

(Phone Number)

(Date)

Attach Banker's Business Card Here