

DIRECT DEBIT OF ANNUAL DUES

Direct debit is a service in which your water bills are withdrawn electronically from the financial institution of your choice. The funds will be debited from your account on a mutually agreed upon date. Your payment will be automatically credited to your water account at WOODFIN SANITRAY WATER AND SEWER DISTRICT. You may also go online and look up you account information if you register at www.woodfinwater.com. In addition, you will see the debit amount and date reflected on your next bank statement.

To receive the benefit of this service, you will need to sign an authorization for us to automatically debit your personal checking or savings account for your water bill. We can also debit your credit card if you choose. We will transmit your debit information to the District's bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement.

Consider the following benefits:

- ❖ You will be assured of timely payment of your water bill.
- ❖ There is no need to waste time and money mailing a check.
- ❖ Payment information is strictly confidential.
- ❖ There is no cost for you to participate in the program.

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT (ACH DEBITS)

Company Name Woodfin Sanitary Water & Sewer District Company

I (we) hereby authorize Woodfin Sanitary Water & Sewer District to initiate charges to the checking () savings () account in the amount specified below, and the depository named below is authorized to debit that account. The total bill will be debited 3-6 before the due date, which is 30 days after the bill goes out.

Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Bank Transit/ABA _____ Account Number _____
Routing Number _____

Or, for Credit Card drafts, enter the credit information (VISA OR MC only) along with the expiration date:

VISA _____ MC _____ ACCT # _____ Expires _____

This authorization 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 DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name _____ Water Acct No. _____

Service Address _____

Billing Address (If different from above) _____

Contact Phone Numbers _____

Date _____

Signed _____ Signed _____