

DIRECT DEBIT OF WATER & SEWER BILLS

Direct debit is a service in which your annual dues are withdrawn electronically from the financial institution of your choice. The funds will be debited from your account APPROXIMATELY three to six days before the due date.. Your payment will be automatically credited to your water account at the Woodfin Sanitary Water and Sewer District. We will continue to provide you with information on the amount of your payments. In addition, you will see the debit amount and date reflected on your next bank statement.

To receive the many benefits of this service, you will need to sign an authorization for us to automatically debit your personal checking or savings account for bill payments. We will transmit your debit information to the Company'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 continued on time payments for your water services.
- ❖ There is no need to waste time and money mailing a check.
- ❖ Your funds are secure, so you don't have to worry about lost or stolen checks.
- ❖ Payment information is strictly confidential.
- ❖ There is no cost for you to participate in the program.

_____ I would participate in direct debit if it was made available.

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENT (ACH DEBITS)

Company Name _____ Company ID No. _____

I (we) hereby authorize Woodfin Sanitary Water and 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. If the amount varies, the company will send written bills of the amount.

Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Bank Transit/ABA _____ Account Number _____

Or, for Credit Card Drafts, enter credit card information (VISA or MC only) along with expiration info.

VISA _____ MC _____ ACCT# _____ EXPIRATION _____

This authorization is to remain in full force and effect until Woodfin Sanitary Water and Sewer District has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Water Account #. _____

Service Address _____

Billing Address(if different from above) _____

Date _____

Signed _____ Signed _____