NORTHERN MORAINE WASTEWATER RECLAMATION DISTRICT SANITARY SEWER BILLING AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (DEBITS)

CUSTOMER NAME:				
ADDRESS:	_CITY		_STATE	ZIP
PHONE NUMBER:	NMWRD AC	CCOUNT#_		
FREQUENCY: Monthly Sanitary Sewer Service				
Enrollment begins the month after the Distric		r complete	d form and	voided check.
I/We hereby authorize the Northern Moraine entries, for sanitary sewer services, to my/our institution (bank) named below:				
BANK NAME:				
BRANCHCITY_			_STATE	ZIP
BANK ROUTING#				
YOUR CHECKING ACCOUNT#(Please attac	b a vaidad abo	nols)		
(Flease attac	ii a voided che	scr)		
The authority is to remain in full force until the Ne has received written notification from me (us) of		e Wastewat	er Reclamat	ion District
All charges will be scheduled for debit from mon the monthly statement sent to my home add fixed date, on the 15 th day of the month in wastisfy any indebtedness until payment is actual on the due date, I (we) understand that I (we) payment is not received because of insufficient actual costs or charges incurred by the Nor connection with such void payment. The Nort cancel this authorization agreement at any time the address of the property serviced pursuant to	ress, or in the which payment ally received. will be charged funds in the authern Moraine thern Moraine at its sole of	event my le is due. T In the ever d any applic ccount, we Wastewate Wastewater discretion u	nding instituthis authorizant payment in the paymen	tion requires a ation shall not s not received arges. Also, if a liable for any tion District in District may
DATE				
SIGNED:				
Authorized signer on above account				
All authorized signers on your bank account	must sign this	form.		
BY				
BYPrint Name of Authorized Signer	P	rint Name of	Authorized Co	o-Signer
Signature of Authorized Signer		Signature of A	outhorized Co-	Signer