

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

CUSTOMER NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ NMWRD ACCOUNT# _____

FREQUENCY: Monthly Sanitary Sewer Service

Enrollment begins the month after the District receives your completed form and voided check.

I/We hereby authorize the Northern Moraine Wastewater Reclamation District to initiate debit entries, for sanitary sewer services, to my/our bank account indicated below, and the depository institution (bank) named below:

BANK NAME: _____

BRANCH _____ CITY _____ STATE _____ ZIP _____

BANK ROUTING# _____

YOUR CHECKING ACCOUNT# _____

(Please attach a voided check)

The authority is to remain in full force until the Northern Moraine Wastewater Reclamation District has received written notification from me (us) of its termination.

All charges will be scheduled for debit from my account on the date payment is due as indicated on the monthly statement sent to my home address, or in the event my lending institution requires a fixed date, on the 15th day of the month in which payment is due. This authorization shall not satisfy any indebtedness until payment is actually received. In the event payment is not received on the due date, I (we) understand that I (we) will be charged any applicable late charges. Also, if payment is not received because of insufficient funds in the account, we agree to be liable for any actual costs or charges incurred by the Northern Moraine Wastewater Reclamation District in connection with such void payment. The Northern Moraine Wastewater Reclamation District may cancel this authorization agreement at any time at its sole discretion upon written notice sent to the address of the property serviced pursuant to the authorization agreement.

DATE _____

SIGNED: _____

Authorized signer on above account

All authorized signers on your bank account must sign this form.

BY _____
Print Name of Authorized Signer

Print Name of Authorized Co-Signer

Signature of Authorized Signer

Signature of Authorized Co-Signer