

PHONE: 251-626-5554
FAX: 251-626-5540



PO DRAWER 2130
DAPHNE, AL 36526

ACH PAYMENT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARING HOUSE (ACH) DEBIT FOR UTILITY BILLING

I, (We) hereby authorize **Belforest Water System** (hereinafter called the **System**) to initiate appropriate ACH entries and, if necessary, adjustments for entries made in error, to my (our) account(s) indicated below and the depository(s) named below to credit and/or debit the same such accounts. This authorization shall remain in effect until the **System** has received written notification from either party of its termination in such time and in such manner as to afford the System and depository(s) a reasonable opportunity to act upon said termination request. The **System** may cancel this agreement at any time upon written notification to **System's** customer. In order for the customer to cancel this agreement, the customer must properly complete and submit an ACH Termination Form.

Debit/Charge Information

Account Title (Name on Bank Account): _____

Account Number: _____ Routing/Transit #: _____

Depository Name (Bank Name): _____

Authorized Signature: _____ **Date:** _____

Service Address: _____ Phone No.: _____

The amount debited every month will be equal to the sum of all current charges, late charges, past due charges, processing fees, and any other outstanding charges due.

The utility payment shall be posted on the last business day of each month and shall begin on (month)_____, (Year)20_____, or as soon as possible after the System has received this form properly completed and signed.
NOTE: If received after the 20th of the month ACH will not begin until the following month.

A copy of this completed form is to be provided to all parties concerned. This form must be accompanied by a voided check and submitted in person to 9080 CO RD 64 Daphne, AL 36526 or mailed to PO BOX DRAWER 2130 Daphne, AL 36526.

Official Use		
TAKEN BY: _____	ENTRY DATE: _____	ENTERED BY: _____