



AUTO BILL PAY AUTHORIZATION

Please Print

Customer Name: _____

Service Address: _____

PCSD#1 Account Number: _____

Check One:

- ADD** - Withdraw Funds directly from my account
- CHANGE** - Change my financial institution &/or account number
- CANCEL** - Stop my participation in this program (no further information required)

Savings/ Checking (circle one)

Financial Institution Name and Address: _____

Routing #: _____ **Account #:** _____

I hereby authorize Pulaski County Sewer District Number 1 to initiate debit entries and to initiate, if necessary, credit entries and adjustments for and debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit and/or credit the same to such account. I (we) acknowledge this authority is to remain in full force and effect until Pulaski County Sewer District Number 1 has received written notification of its termination in such time and in such manner, as to afford the District and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and are subject to all NACHA rules and regulations.

Customer Signature: _____ **Date:** _____

Transaction Date: 19th of each month (please note that **all amounts due** will be deducted). If an ACH processed by the District for payment of sewage services, is returned unpaid for any reason and is not otherwise honored and paid by the Patron's bank, a \$25.00 fee will be assessed. **(Initial)** _____

Please attach a copy of a voided check to this form

Questions regarding ACH should be directed to: District Coordinator 573-336-5880