

LILLY GROVE SPECIAL UTILITY DISTRICT
Recurring ACH Payment Authorization

With this document you are authorizing monthly charges to be withdrawn from your checking account. You agree to have your bank account charged the amount indicated on each billing period listed on your monthly billing statement. The charge will appear on your bank statement as an "ACH Debit". **THE AMOUNT DRAFTED WILL NOT EXCEED THE AMOUNT SHOWN ON THE CURRENT MONTHS BILL.**

I _____ (customers full name) authorize Lilly Grove Special Utility District to charge my bank account below for each months water bill due on the 15th of each month.

This payment is for the water utility services on account # _____ at the following service address _____

Customers Email address: _____

Customers Phone number: _____

BANK NAME _____

BANK ADDRESS _____

BANK ROUTING NUMBER _____

CHECKING ACCOUNT # _____

MAXIMUM MONTHLY AMOUNT TO BE DRAFTED \$ _____

***Please note that if your amount owed on your bill is higher than the draft Allowance above, we will be unable to process your draft. Example: if your bills is \$50.01 and your draft allowance is set to \$50.00 then your account will not be drafted unless you call or email the office to have us raise the draft allowance.**

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Lilly Grove SUD in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Lilly Grove SUD will apply a \$25 returned check fee to my bill. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____