AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Lake Santee Regional Waste & Water District
Company ID Number: 35-2041851

I (We) hereby authorized Lake Santee Regional Waste & Water District, hereinafter called COMPANY, to initiate debit entries to my (our)

☐ Checking Account ☐ Savings Account

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

The company agrees to implement all authorizations for Direct Payments received by the 20th of the month for the next billing cycle at the end of the month. It will implement authorizations received after the 20th of the month as soon as possible, but not later than the billing cycle at the end of the month following receipt of the authorization.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer hereby agrees to allow the COMPANY to **withdraw payment on the 16th of each month**, in advance of the customary due date of the 20th. If the 16th is a non-business day the payment will be withdrawn on the next regular business day.
If any changes need to be made or another form of payment used, you MUST do it prior to the 12th of the month.

Customer also understands and agrees that they will be subject to the "Return Check Charge" specified in Ordinance No. 10-19-2005 should the withdrawal transaction fail, due to insufficient funds, a closed account or for other reasons under the control of the account holder.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Name(s): _____ LSRWWD Acct No.: _____

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Signature(s): _____ Date: _____

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