

ACH Authorization Form

DEBIT AUTHORIZATION FORM

I(we) hereby authorize WEST HARRISON WATER AND SEWER DISTRICT to initiate entries to my(our) checking account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions debited in error. This ACH payment will initiate on the 15th of each month. This authority will remain in effect until THE COMPANY is notified by me(us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution – Branch, City, State, & Zip)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

ACCOUNT NUMBER (WEST HARRIOSN WATER & SEWER)

Set Amount: _____ or Monthly Bill

Financial Institution Routing Number: _____

Checking Account Number: _____