MITCHELLVILLE WATER DISTRICT

This institution is an equal opportunity provider and employer.

125 TRIPLE S. ROAD
HARRISBURG, IL 62946
Phone (618) 252-4051
Fax (618) 252-3027

ACH DEBIT Authorization Agreement

I hereby authorize the **Mitchellville Water District**, hereinafter called COMPANY, to debit my account indicated below to pay my Water Bill by electronic debit each month, and the Financial Institution named below; hereinafter called Depository, to debit the same from such account. I acknowledge the origination of ACH transactions from my account must comply with the provisions of U.S. law.

_____ _____
(Depository Name) (Branch)

_____ (Address)
(City, State) (Zip)

_____ _____
(Routing Number) (Account Number)

Type of Account: _____Checking _____ Savings

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

CHANGE OF INFORMATION: I agree to verbally notify Mitchellville Water District or in writing at the above address Fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment.
RETURNS: I authorize the returned item fee in the amount of $25.00 to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.
CANCELLATION: I understand that I may cancel the recurring monthly electronic debit authorization by providing written or verbal notice to Mitchellville Water District at the address above Fifteen (15) or more days prior to the next payment date.

Name(s) _____ Acct. Number _____
(Please print) (Water Bill Acct.)

Signature(s) _____ Date _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM