

BERRYVILLE WATER AND SEWER DEPARTMENT BANK DRAFT AUTHORIZATION

I (we) authorize Berryville Water and Sewer Department to electronically debit my (our) bank account for payment of my (our) monthly water bill(s) as follows:

Checking Account at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

Bank Name _____

Routing Number _____ Account Number _____

Bank Address _____

I (we) authorize Berryville Water and Sewer Department to apply the ACH transactions towards the bill on the following Berryville Water and Sewer Department account(s):

Berryville Water Department Account Number _____

Customer Name _____

Customer Address _____

Customer Phone _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify Berryville Water and Sewer Department in writing that I (we) wish to revoke this authorization. I (we) understand that Berryville Water and Sewer Department requires written notice at least 3 days prior to draft date in order to cancel this authorization before the monthly draft.

Signature _____ Date _____

Please Note: Draft Payments are taken from bank accounts between the 5th and the 9th day of each month. Insufficient or returned bank drafts will be treated the same as insufficient or returned checks with all applicable charges.

I (we), _____, wish to revoke the above authorization effective on _____, 20____.
I understand that my bill will not be paid by ACH starting with my _____ bill and every bill thereafter, unless a new form is submitted.

Signed _____ Date _____