Clay Battelle Public Service District 304-292-4003 • cbpsdwater@gmail.com www.cbpsdwater.com **Automatic Payment Authorization (ACH)**

This form authorizes Clay Battelle PSD (CBPSD) to electronically withdraw a monthly charge for water service from my bank account on the last day of grace period (due date) to pay shown on monthly bill (will usually occur 9th- 17th). This authorization will remain in effect until I send written notice to CBPSD to terminate this service. I understand that CBPSD and/or the financial institution also have the right to terminate the service without notice. Customer agrees to receive paperless/Email bills by participating in the program.

I understand that if the account is overdrawn as the result of an authorized transaction by CBPSD, I am responsible for any fees charged by the financial institution(s) for non-sufficient funds or any other reason. If, for any reason I have returned checks/not paid by the bank on the automatic payment plan - CBPSD may opt to remove my account from the plan permanently. I must notify/complete a new/updated ACH form by the 7th of the month if you change banks or bank account numbers-otherwise my payment will be declined by the bank, and I will have penalties added to the water bill and the bank may also charge me.

I understand that CBPSD will email my water bill to me monthly to indicate the amount to be withdrawn from my bank account and how many gallons of water was used. If I do not agree with the water bill amount- I must contact CBPSD by the 7th of the month. I understand that my water bill account must remain current on this program (no past due balances or make partial payments). If I ask or am removed from the ACH/Bank draft program; re-enrolling is very limited and up to CBPSD office staff.

Clearly Print Authorized Name and Information:

Customer Name _____ CBPSD Account number(s)_____

(the banking information MUST match the customer of record- in other words- if you are not the customer- you cannot pay for water bill in someone else's name via this draft/ACH process unless you provide power of attorney- etc.

Phone number(s) _____

Email Address: _____

Bank Information: PLEASE ATTACH A VOIDED CHECK (cannot use your ATM card numbers or deposit slips) or take this to your bank for help with completing.

☐ Checking ☐ Savings	Routing # (also known as transit or ABA number)	Bank Account #	
	Routing π (also known as transit of ADA number)		
Name and Ad	dress of Financial Institution		
Customer Sig	nature:	Date:	