

ACH Authorization

Account# _____

I (we) authorize Neskowin Regional Water District to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: The total amount of the quarterly water bill.

Date(s) and/or frequency of debit(s) Will be debited within 10 days of the billing date. (Quarterly)

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account:	
Bank Account Number:	
Bank Routing Number:	
Bank Name:	
Bank City, State:	

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Neskowin Regional Water District in writing, that I (we) wish to revoke this authorization. I (we) understand that Neskowin Regional Water District requires at least 14 days prior notice in order to cancel this authorization.

If the payment is rejected due to Non Sufficient Funds (NSF), I understand that Neskowin Regional Water District may attempt to process the transaction again within 30 days, and I agree to an additional [NSF REJECT FEE] charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) _____ Email _____

Signature _____ Date _____

Signature _____ Date _____