

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

I hereby authorize Peacock Hill Service Company (PHSC) to initiate a monthly Debit entry to occur on or about the 15<sup>th</sup> of each odd numbered month from the account on record, as reflected below, for monthly service charges for water and/or sewer related services provided by PHSC to the location listed below.

The amount debited shall not exceed the amount billed on my statement or \$300, whichever is less. If any collections are made in error, I authorize PHSC to initiate credit transactions to the same account to correct the error.

I understand that I must provide a VOIDED blank check for verification purposes. Please note the reason that a deposit slip is not acceptable is that many banks print internal transaction codes instead of routing and transit numbers on deposit slips. An invalid routing and transit number will prevent the transaction from being directed to the correct bank, resulting in a delay of payment posting and a late fee.

I also understand that it is my responsibility to have funds available on the 15<sup>th</sup> of every odd numbered month or if the 15<sup>th</sup> falls on a weekend or bank holiday, the next business day. I understand that if for any reason my payment does not clear the bank there will be a \$25 service charge. If I have 3 or more payments that do not clear the bank in a rolling 12 month period, I will no longer be eligible for this program.

This authority is to remain in full effect until PHSC has received written notification from the Account Owner of its termination prior to the 20<sup>th</sup> of an even numbered month to allow PHSC and my financial institution a reasonable opportunity to act on such termination.

BANK ACCOUNT INFORMATION PLEASE PRINT	SERVICE LOCATION INFORMATION PLEASE PRINT
Name as it appears on the Account	Account Number
If joint account, list other names	Name as it appears on Water Bill
Bank Name or Financial Institution	Service Address
Location of Bank or Financial Institution	Mailing Address
City _____ _____	Street _____
State _____ Zip _____	City _____ State _____ Zip _____
Bank Routing & Transit Number (9 digits) _____	<b>CONTACT INFORMATION</b>
Bank Account Number	Daytime Telephone Number
Type of Account – CIRCLE ONE  Checking                      Savings	Email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature (If Joint Bank Account)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date