

ACH Authorization Form

The District is pleased to offer you Direct Payment as an option to paying your quarterly user fees. The District does not charge a service for this payment option. Your payment can be made automatically from your checking account. Direct Payment works by authorizing the regularly scheduled quarterly payments to be made from your checking account. Your payments will be initiated automatically two days before the 25th of each quarter. **Your first payment will be deducted the 25th day of the NEXT quarterly billing cycle following receipt of your form.** If there is a current balance on your account, then please make a regular payment when sending in this form.

To take advantage of this service, please complete the form below and return it to Three Lakes Water & Sanitation District, PO Box 899, Grand Lake, CO 80447 with a voided check. **We must have a voided check in order to verify the bank routing number and account number.** Your authorization will not be processed if a voided check is not attached to this form.

Please feel free to contact us at 970-627-3544 should you have any questions regarding our billing process or payment method. You may also access our website at www.threelakesws.com to find answers to these and other questions.

ATTACH VOID CHECK HERE

ACH Authorization for Direct Payment

I (we) hereby authorize Three Lakes Water & Sanitation District to initiate ACH transfer entries on a quarterly basis to my (our) checking/savings account via the District's Financial Institution, and, if necessary, initiate adjustments for any transactions credit and/or debit in error.

This authorization shall remain in effect until Three Lakes Water & Sanitation District is notified by me (us) in writing to terminate the authorization in such time as to afford Three Lakes Water & Sanitation District and District's Financial Institution a reasonable opportunity to act on the cancellation.

I (we) can stop payment of any transaction by notifying the District in writing at least five business days before my (our) account is charged.

The following charges will be charged to me (us) for rejected ACH payments and changes in Financial Institution Account Information:

ACH Return Fee – Similar to fees applied to paper checks with non-sufficient funds or payment that never clears the bank	\$20.00
ACH NOC Fee – Notice of Change – A fee charged for any change to an account number or routing number	\$20.00
ACH Late Return Fee – A fee charged for a payment that clears the bank but you dispute the payment	\$25.00

(Name of Customer's Financial Institution) (Branch)

(Customer Checking Account #) (Customer's Financial Institution Routing #)

(Customer Printed Name) (Customer Contact Number) (TLW&SD Account #)

(Customer Mailing Address) (City) (State) (Zip Code)

(Customer Email Address) **YES _____ NO _____**
(Customer Agrees to Receive Billing Notices Via Email)

(Customer Signature) (Date Signed)

FOR OFFICIAL USE ONLY Effective on: _____ Posted by: _____ Terminated on: _____ Posted by: _____