

BRUNSWICK SEWER DISTRICT

AUTHORIZATION FOR DIRECT PAYMENT

I (we) hereby authorize the Brunswick Sewer District to initiate electronic debit entries to my (our):

Checking Account or Savings Account (select one)

indicated below for the payment of my sewer bill, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

This authorization will remain in effect until I (we) have cancelled it in writing.

I (we) are aware that insufficient funds in my account at the time of the initiation of the direct payment will result in a \$20.00 NSF fee charged to my sewer account and will automatically cancel the direct payment arrangements with the Brunswick Sewer District.

Financial Institution Name (Please Print) _____

Financial Institution Address _____

Financial Institution Routing/Transit Number _____

Account Number at the above Financial Institution _____

1. _____
(Date)

(Signature)

(Print Name)

2. _____
(Date)

(Joint Account Signature)

(Print Name)

*****Please notify us when you change your bank or bank account*****

Staple Voided Check Here