



BOISTFORT VALLEY WATER

AGREEMENT FOR PREAUTHORIZED ELECTRONIC ACH PAYMENT AUTHORIZATION (ACH DEBITS)

Account Type: (select one) Checking Savings

Amount: Monthly statement amount

Paperless Continue to receive paper statements

Routing #: _____ Account #: _____

Financial Institution: _____

Boistfort Valley Water Account # _____

Service Address: _____

Email Address: _____

Phone Number: _____

Printed Name: _____

I (we) hereby authorize Boistfort Valley Water, hereinafter called BVW, to initiate Debit entries in the amount shown on my (our) monthly bill every month on the date due which is the 20th of every month from my (our) checking or savings account at my (our) Bank or Credit Union named below, hereinafter called Financial Institution, and to Debit the bill amount monthly effective immediately. I (we) acknowledge that the origination of the ACH transaction(s) must comply with the provisions of U.S. law. The Debit will be shown as BVW Utility on your banking transaction history. In the event that BVW debits funds erroneously from my account, I authorize BVW to credit my account for an amount not to exceed the original amount of the erroneous debit. This authority is to remain in full force and effect until BVW receives written or verbal notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it. To submit this form electronically send to info@boistfortwater.com

Signature: _____ Date: _____

Please include/ attach a voided check here