

# Brunswick Regional



## Water and Sewer

BANK DRAFT

### AUTHORIZATION AGREEMENT ACH PREAUTHORIZED PAYMENTS (DEBITS)

I hereby authorize H2GO to initiate debit entries or such adjusting entries; either debit or credit which is necessary for corrections to my Checking\_\_\_\_/Savings\_\_\_\_ account indicated below and the financial institution named below to credit or debit the same to such account.

THIS DRAFT WILL OCCUR ON THE 4<sup>TH</sup> OF EACH MONTH OR THE NEXT BANKING DAY IN EVENT OF A HOLIDAY OR WEEKEND.

In the event of denial by the bank you are responsible for your payment by the 10<sup>th</sup> of each month.

\_\_\_\_\_  
**Financial Institution Name**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Transit/Routing Number**

\_\_\_\_\_  
**Bank Account No**

I understand that this authorization will be in effect until I notify H2GO in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever comes first.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Social Security No**

\_\_\_\_\_  
**Acct No**

\_\_\_\_\_  
**Service Address**

\_\_\_\_\_  
**Phone No**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ATTACH VOID CHECK HERE**