



DIRECT PAY ACH PROGRAM

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Customer Name(s): _____

Utility Account Number: _____ Telephone: _____

Utility Service Address: _____

Billing Address (if different) _____

I/We hereby authorize Dubois Water Utilities, Inc. (Dubois Water) to initiate debit entries and, if necessary, credit or adjustments for any debit entries in error to my/our account at the Financial Institution (Depository) described below for the purpose of making monthly payments to my/our utility account. Said debits are to commence in such time and manner as to afford Dubois Water a reasonable time to act on this authorization. I/We also acknowledge that if the account identified below becomes inactive, closed, or contain insufficient funds to cover the amount of the debit, I will be billed the returned check fee charges as set forth in Dubois Water's non-recurring charges policy in effect at the time, that this authorization shall be terminated; and, that my/our utility account shall be considered unpaid on the due date, shall be assessed late payment penalties, and may be subject to termination of utility services if my/our utility account remains unpaid.

DEPOSITORY INFORMATION

Financial Institution Name: _____

Address: _____ City: _____ State: _____ Zip: _____

☐ Individual Account ☐ Company Account ☐ Other: _____

☐ Checking Account **Please attach a voided check below.**

☐ Savings Account **Please provide the following information:**

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Dubois Water has received written notification from me (or either of us), or my/our authorized representative, of its termination in such time and in such manner as to afford Dubois Water, and Depository, a reasonable opportunity to act on it.

Signature

Signature

Date: _____

Attach voided check here.