

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

I (we) authorize Center Grove-Winchester Springs Utility District to electronically debit my (our) Checking Account each month for payment.

Depository Name \_\_\_\_\_

Bank checking account # \_\_\_\_\_

Routing # \_\_\_\_\_

Center Grove-Winchester Springs Utility District acct. # \_\_\_\_\_

Customer's telephone # \_\_\_\_\_

I understand this authorization will remain in full force until I notify Center Grove Winchester Springs Utility District by phone or writing that I wish to revoke this authorization. I understand that this requires 14 days prior notice to cancel this authorization.

Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Must include a one-time processing fee of \$10.00 and a voided check