



## SEWAGE DEPARTMENT

Elisha Dale  
Utility Billing Manager

Customer Name: \_\_\_\_\_

Customer Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Service Address: \_\_\_\_\_

Jeffersonville Sewer Account Number: \_\_\_\_\_

I (we) hereby authorize Jeffersonville Sewer Department to automatically withdraw from my (our) account identified below, the total amount due as stated on my (our) monthly billing statement for all charges at the above service address, and to make deposits, if necessary, for error corrections. I authorize the Financial Institution named below to accept such transactions initiated by Jeffersonville Sewer. The withdraw shall be made from my account approximately ten (10) days after the billing date. Jeffersonville Sewer will terminate this agreement upon notification from the bank of insufficient funds or closed account. In that event, your utility service account will be charged \$25.00 NSF service charge fee as set forth by the utility's policy. Otherwise, this authorization is to remain in effect until Jeffersonville Sewer has received written notification from me (us) of termination, in such time as to afford Jeffersonville Sewer a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of a withdraw by notifying Jeffersonville Sewer up to three (3) business days before the withdraw date. If an erroneous withdraw occurs and I (we) notify the Financial Institution of error within sixty (60) days of the issuance of my (our) Financial Institution's account statement, the Financial Institution must investigate and resolve the error within thirty (30) days of notification. My (our) account shall be credited for the amount in question until the investigation is completed, if the error is not resolved within the ten (10) days following receipt of my (our) notification (condensed for Regulation E) Electronic Fund Transfer Act for the consumer's protection. If you want additional information contact your Financial Institution Act for the consumer's protection.

Financial Institution Name: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

ABA/transit #: \_\_\_\_\_

(The first nine (9) numbers on the bottom encoded line of your check)

Print Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\*\*\*REMINDER: Include a "Voided Check" with this authorization\*\*\*\***