



SEWAGE DEPARTMENT

Elisha Gibson
Utility Billing Manager

AUTO PAY – ACH WITHDRAWAL FOR JEFFERSONVILLE UTILITY BILL

Customer Name: _____

Customer Mailing Address: _____

City & State: _____ Zip: _____

Service Address: _____

Account Number: _____

I (we) hereby authorize Jeffersonville Wastewater 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 (we) authorize the Financial Institution named below to accept such transactions initiated by Jeffersonville Wastewater. The withdrawal shall be made from my account approximately ten (10) days after the billing date. Jeffersonville Wastewater 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, the authorization is to remain in effect until Jeffersonville Wastewater has received written notification from me (us) of termination, in such time as to afford Jeffersonville Wastewater a reasonable opportunity to act on it. I (we) are aware of my (our) right to stop payment of a withdrawal by notifying the Jeffersonville Wastewater 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 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 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 Names(s): _____

Daytime Phone: _____

Signature(s): _____ Today's Date: _____

******REMINDER – INCLUDE A "VOIDED CHECK" WITH THIS AUTHORIZATION******