

AUTHORIZATION AGREEMENT TO INITIATE DIRECT ACH PAYMENTS TO

KIELER SANITARY DISTRICT

I/we hereby authorize the KIELER SANITARY DISTRICT to originate an ACH Debit transfer from the account located at the financial institution (depository) named below.

DEPOSITORY INFORMATION

NAME(S) ON
ACCOUNT: _____

NAME OF BANK: _____

Checking Savings
Account (select one)

ROUTING#: _____

ACCOUNT# _____

This authorization is to remain in full force and effect for the term of the agreement as stated below or until KIELER SANITARY DISTRICT has received written notification of its termination in or until such time and in such manner as to afford KIELER SANITARY DISTRICT and PEOPLES STATE BANK a reasonable opportunity to act upon it.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

AMOUNT OF TRANSFER \$ Billed Amount MONTH TO START: _____

DATE OF TRANSFER: MONTHLY ON THE 15TH

NUMBER OF
TRANSFERS

- OR - TRANSFER UNTIL CANCELLED

**A COPY OF THIS SIGNED AUTHORIZATION MUST BE PROVIDED TO THE CUSTOMER BEING DEBITED*

Termination Request:

I hereby request to have this Authorization Agreement cancelled effective _____
(Date to Terminate)

SIGNED _____ Date: _____

***** INTERNAL USE ONLY *****

NEW AGREEMENT -OR- REPLACING EXISTING AGREEMENT Date Received: _____

DEBITS TO BE APPLIED TO ACCOUNT #: _____

Received By: _____ Contact Number: _____