

ACH DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)		
COMPANY NAME:		
GREENVILLE SANITARY DISTRICT #1		
I (we) hereby authorize : GREENVILLE SANITARY DISTRICT #1		
<p>hereinafter called COMPANY, to initiate debit entries to my (our) Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.</p> <p>NOTE: The dollar amount showing due on the current Sanitary District utility bill will be drawn from account indicated below on the last business day of each month according to the terms of said bill.</p>		
DEPOSITORY NAME & ADDRESS		TRANSIT / ABA NUMBER
CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/>		ACCOUNT NUMBER
<p>This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.</p>		
<p>Please attach a voided check for account verification purposes.</p>	SANITARY DISTRICT ACCT #	DATE
NAME (PLEASE PRINT)	NAME (PLEASE PRINT)	
SIGNATURE	SIGNATURE	
113-112-001 NIP (3/87)		