**Automatic Bank Draft Policy**

The Direct Payment (PPD) application provides the ability to collect funds from customer accounts. East Feliciana Rural Water System will benefit from the reduced payment handling and processing. Customers benefit from eliminated check writing, postage expense and cost related to the processing of checks, money orders or cash. The Direct Payment application is effective for recurring bills such as utility bills. In order to become a participating member of East Feliciana Rural Water System’s Monthly Automated Bank Draft, please read and sign the following rules and regulations.

1. East Feliciana Rural Water will issue a monthly billing statement on the 1st of each month.
2. The **“Amount Due if Paid by the 15th”** will be deducted from the customer’s account when processing the Automatic

Bank Draft.

* + 1. Your bill reflects your usage from the prior month; therefore, the **“Amount Due if Paid by the 15th”** will vary each month.

1. Automatic Bank Drafts will be deducted from the customer’s account on the 15th of each month.
   * 1. Should the 15th of the month fall on a weekend then the draft will be processed on the Monday following the weekend.
     2. Should the 15th of the month fall on a Federal Reserve holiday then the draft will be processed on the next business day following the holiday.
2. If you have a conflict with your billing statement and wish to place a “hold” on your monthly bank draft, you must submit your request in writing prior to the 10th of the month. At that time you will be responsible for making arrangements to pay the bill by other means. Once the conflict has been resolved and you wish to resume your monthly bank drafts, you must submit your request in writing.
   * 1. Drafts placed on “hold” will remain as such for a period up to (2) months. If the draft is not resumed within (2) months, your account will revert back to manual payment processing, and you will be required to reapply for Automatic Bank Draft should you wish to continue to have your payments automatically drafted.
3. Upon your application for Automatic Bank Draft, East Feliciana Rural Water will submit a Pre-notification to your

account to confirm validity.

* + 1. Pre-notification is done on the 1st or the 15th of each month depending on when you apply for Automatic Bank Draft.
    2. Your monthly Automatic Bank Draft will begin on the 15th of the month following confirmation of your pre-notification.

1. If East Feliciana Rural Water receives notification of a NSF, Uncollected Funds, Stopped Payment, Authorization

Revoked, or Non-Authorized Entry, the draft will **NOT BE REINITIATED.**  East Feliciana Rural Water System will

assess a $25 NSF Fee and any bank service charges. East Feliciana Rural Water will require that the balance due including the $25 NSF Fee any bank service charges be paid in a money order at our office at 10270 Highway 10, Ethel, Louisiana, 70730. East Feliciana Rural Water System will utilize the current NSF Policy for notification, collection, and disconnection.

I hereby agree to the terms set forth in this policy and wish to make my monthly water utility payment paid to the order of East Feliciana Rural Water by Monthly Automatic Bank Draft.

*(Customer Name as it apears on bill)* Date:*1/1/14*

Customer Name

*(99-0999 / 1000000)*

EFRW Account Number

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

|  |  |
| --- | --- |
| **EFRW Location#** *99-0999* | **EFRW Customer#** **1009999** |
| **Name:** *(Customer's Name as it appears on account)* | |
| **MailingAddress:***(Customer's Mailing Address)* | |
| **Telephone#:***(225-225-2255)* | |

I am providing a VOIDED Check or a letter from my financial institution containing my routing number and account number to be used in processing my application for this ACH Debit. I(we) hereby authorize **East Feliciana Rural Water System** , hereinafter called EFRW to initiate debit entries to my (our)  checking account, Savings Account (select one) indicated below at the depository financial institution, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) acknowledge that the debit entries to my (our) account will vary month to month.

|  |  |
| --- | --- |
| **Depository Name:** *( Bank / Financial Institution Name )* | |
| **City, State & Zip**: *( Bank Mailing Address)* | |
| **Routing Number:** *( Bank Routing Number)* | **Account Number** *(Customer's Bank Account Number)* |

This authorization is to remain in full force and effect until EFRW has received written notification from me (or either of us) of its termination in such time and in such manner as to afford EFRW and DEPOSITORY a reasonable time to act on it.

Electronic Signature: *(Enter Last 4 of SS#)*

***(Copy of Voided Check must be attached in order to process application)***

Date: *1/1/14*