Consumer Authorization for Direct Payment via ACH

making a pay			tunas from a	consumer account for the purpose of
Check one:		Begin Payment		Change Information
) acc	ount and, if necessary,		Hills Water Association to electronically ally credit my (our) account to correct
named below	′ ("DE		e that ACH tra	e) at the depository Financial Institution insactions I (we) authorize comply with
Depository na	me: _			
Routing number:			Acco	unt number:
Name(s) on the account:				
Debit transaction frequency:				
□ Single Entry (one-time payment)				
\square Recurring Entries (entries that recure at substantially regular intervals, without further affirmative action by the Receiver)				
Date of debit (if Single Entry) or date of first debit:				
or holiday.) Number of and/or frequency of debits: _monthly until canceled				
I (we) understand that this authorization will remain in full force and effect until I (we) notify Water Billing Services in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that Water Billing Services requires at least 30 days prior notice to cancel this authorization.				
(Please Print)				
Account #(if k	nown)		
Phone #		Email _		
Date:		Signature(s):		

Please return completed form to
Carriage Hills Water Association – PO Box 2828, Rapid City, SD 57709
Or email to: info@waterbillingservices.com