

HUNGRY HORSE COUNTY WATER AND SEWER DISTRICT

PO BOX 190309
HUNGRY HORSE, MT 59919

Phone 406-387-5694

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Direct Payment via ACH is the transfer of funds from a consumer account for the purposes of making a payment.

I (we) authorize HUNGRY HORSE COUNTY WATER & SEWER DISTRICT (HHCWSD) to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Select One:

- Checking Account
 Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transaction I (we) authorize comply with all applicable law.

Depository Name: _____
State (if nationwide bank): _____
Routing Number: _____
Account Number: _____

Amount of debit(s) will be the amount on the consumer's current HHCWSD monthly billing statement(s) and will be debited from the account on the 10th of each month.

I (we) acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$15 may be charged by Hungry Horse County Water & Sewer District to me (us) in the event there are insufficient funds available at the time the ACH payment is submitted. I (we) understand that this authorization will remain in full force and effect until I (we) notify Hungry Horse County Water & Sewer District, in writing, that I (we) wish to revoke this authorization. I (we) understand that Hungry Horse County Water & Sewer District requires at least 5 days prior notice to cancel this authorization. I (we) certify that I (we) am (are) an authorized signor(s) on this Depository Account.

Name(s): _____

Date: _____ HHCWSD Account Number(s): _____

Signature(s): _____

Please scan and email to hungryhorsewater@gmail.com or mail to the address above.

****I (we) _____ hereby REVOKE MY (OUR) AUTHORIZATION** for electronic debits to my (our) account. I understand that my right to place a stop payment exists only as long as I (we) request this written stop payment notice at least 5 days prior to the scheduled settlement date.

Date: _____ Signature(s): _____