



# Delaware County

## Regional Sewer District

### QUARTERLY ACH AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (We) hereby authorize the Delaware County Regional Sewer District (“DCRSD”) to initiate debit entries to my (our) account indicated below and the depository (Financial Institution) named below and to debit the same to such account on a quarterly basis for the payment of Delaware County Regional Sewer District sewer user fees. The date of the debit entries is set out below. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Amount of Debit to be the current amount due on the associated sewer account listed below on the quarterly due date.

<b>Name of Financial Institution</b>	
<b>Transit/ABA Routing Number</b>	
<b>Bank Account Number</b>	
<b>Type of Account</b>	Checking or Savings <b>(please circle)</b> Business or Personal <b>(please circle)</b>

**Date of Debit Entry: March 10<sup>th</sup>, June 10<sup>th</sup>, September 10<sup>th</sup>, and December 10<sup>th</sup>.** If the debit entry date falls on a weekend or holiday, the debit shall be made on the next business day.

This authority is to remain in full force and effect until **DCRSD** has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford **DCRSD** and the **Financial Institution** a reasonable opportunity to act on it. I acknowledge that I am responsible for any fees charged to Delaware County by a Financial Institution for any returned or non-processable ACH payments initiated from my bank account listed above.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Customer Sewer Account Number

\_\_\_\_\_  
E-mail Address

**Check one:**  Enroll me in paperless billing. Quarterly bills will be sent to the e-mail address provided above.

I prefer to receive a paper bill.

**A VOIDED CHECK MUST BE ATTACHED TO THIS APPLICATION – MAIL APPLICATION AND VOIDED CHECK TO ADDRESS BELOW**

\_\_\_\_\_  
DCRSD Staff Approval

\_\_\_\_\_  
Date