

 <p><b>ACH PAYMENT AUTHORIZATION</b></p>	<p>Service Address: _____</p> <p>_____</p> <p>Account #: _____</p> <p><small>To Be Completed By LRWD</small></p>	<p>Received: _____</p> <p>Processed: _____</p> <p><small>To Be Completed By LRWD</small></p>
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This Automatic Payment Authorization Agreement (the "Agreement") is entered into by and between the undersigned Customer and the Licking Regional Water District (the "District"). The Customer represents and warrants that all information provided herein is accurate and acknowledges that the provision of water and/or sewer service by the District is subject to the District's Rules and Regulations, which may be amended at any time without notice. Upon acceptance by the District, this Agreement shall constitute a binding legal agreement between the Parties and shall remain in effect until revoked in accordance with the terms below.

**A. CUSTOMER AUTHORIZATION.** The Customer hereby authorizes the District to initiate electronic debit entries for the full amount of the Customer's monthly water and/or sewer bill from the financial institution account listed below. This withdrawal will occur on the 20th day of each month (or the next business day if the 20th falls on a weekend or holiday). The Customer will continue to receive a monthly bill from the District and is responsible for reviewing the statement prior to the scheduled withdrawal.

**B. CUSTOMER REPRESENTATIONS AND WARRANTIES.** The Customer certifies that they are an authorized signer on the bank account provided below and that the information is complete and accurate. The Customer authorizes the District and its financial institution to process ACH transactions and to correct any erroneous debits or credits. The Customer understands and agrees to the following:

1. **Timing:** To be effective for the current billing cycle, this Agreement and any changes to it must be received by the District no later than the 15th day of the month. Changes received after this date will apply to the following billing cycle.
2. **Account Changes or Termination:** The Customer must notify the District in writing to cancel or change ACH instructions. Termination or changes become effective within a reasonable time after the District receives such notice.
3. **Returned Payments:** If an ACH payment is rejected due to insufficient funds, account closure, or any other reason, the Customer remains responsible for the balance and may be subject to additional fees, penalties, or service termination in accordance with the District's policies.
4. **Liability:** The Customer remains solely responsible for ensuring the availability of funds and for any loss or liability arising from a failed ACH transaction.

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Agreement and hereby authorize the District to rely upon this authorization until such time as it is revoked in accordance with the terms herein.

### CUSTOMER INFORMATION

Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### BANKING INFORMATION

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

First Draft Month/Year: \_\_\_\_\_

☐ Checking ☐ Saving

Your bank information is confidential and will be maintained in accordance with District policies.

