

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
SOUTH-WEST SHORELINE SANITARY DISTRICT

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

I (we) authorize the South-West Shoreline Sanitary District to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits¹) as follows:

Checking Account / Savings Account (select one) at the depository financial institution listed below ("DEPOSITORY"). I (we) agree that the ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____ Account Number: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify the South-West Shoreline Sanitary District in writing by mail to PO Box 163, Storm Lake, IA 50588, that I (we) wish to revoke this authorization. I (we) understand that the South-West Shoreline Sanitary District of Storm Lake, Iowa requires at least two (2) weeks prior notice in order to cancel this authorization.

Name(s) _____
(Please Print)

Date _____ Signature(s) _____