

Please return to ORD Sewer Authority, no less than, 7 business days before your withdrawal start date.

Automated Withdrawal Form

Monthly Sewer Payment

Name: _____

Address: _____

ORD Account Number: _____

Phone Number: _____

Bank Information: *(Please attach a copy of a Voided Check or a letter from your bank verifying the account and routing numbers.)*

Bank Name: _____

Bank Routing Number: _____

Checking Account Number: _____

Choose a day for the Auto-Withdrawal to pull each month. 5th or 20th (circle one)

I hereby grant permission for ORD Sewer Authority to automatically withdraw from the account provided, my monthly sewer bill payment, currently **\$55.00 per ERU**, on the date provided. This permission shall remain in effect until I terminate it. In the event of an error in the transaction amount, I hereby authorize ORD Sewer Authority to initiate a transaction to correct the error. ORD Sewer Authority is not responsible for any overdrafts that occur when funds are not available the day of the withdrawal and overdraft fees will apply.

NOTE: A \$0 Pre-note will be done at your bank, approximately a week prior to your first pull, to verify your account numbers. In the event the monthly sewer bill increases, ACH customers will be notified in advance, and the new amount will be pulled, starting the month specified.

Signature

Print Name

Date

Terminated By: Date:

*****Office use only*****

<i>Added in Rac</i> Date _____	<i>Added in ACH</i> Date _____
<i>Deleted in Rac</i> Date _____	<i>Deleted in ACH</i> Date _____