

Westville Belgium Sanitary District  
120 E Main St  
Westville IL 61883  
217/267-3131  
Fax 217/267-3251  
wbsanitarydistrict@nwcable.net  
www.wbsanitarydistrict.com

WBSD Customer Name \_\_\_\_\_

WBSD Account Number \_\_\_\_\_ WBSD Customer Address \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

(ACH DEBITS)

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

I (we) authorize Westville Belgium Sanitary District ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

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

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Amount of debit(s) or method of determining amount of debit(s) (or specify range of acceptable dollar amounts authorized): \_\_\_\_\_.

Date(s) and/or frequency of debit(s): 15TH of each month .

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY "In writing" that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least (30 days) prior notice in order to cancel this authorization.

Name(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_