ACH Authorization Form

FOR OFFICIAL USE ONLY

Effective on:

North Shore Water District

Terminated on:

Posted by:

North Shore Water District is pleased to offer you Direct Payment as an option to paying your quarterly user fees. The District does not charge for this payment option. Your payment can be made automatically from your checking account. Direct Payment works by authorizing the regularly scheduled quarterly payments to be made from your checking account. Your payments will be initiated automatically two days before the 25th of each quarter.

The district does not charge for this payment option.

To take advantage of this service, please complete the form below and return it to North Shore Water District, PO Box 576, Grand Lake, CO 80447. You may also send a digital copy via email to: billing@threelakesws.com. If you input your information and the payment is returned as a result of inaccurate or incomplete information the charges incurred by the district will be passed on to you.

passed on to you.	·	-	·	
Please feel free to contact us at 970 method. You may also access our web			•	
ACH Authorization for D	irect Payment			
I (we) hereby authorize North Shore checking/savings account via the Dist credit and/or debit in error.				
This authorization shall remain in authorization in such time as to affo opportunity to act on the cancellation	rd North Shore Water District and t			
I (we) can stop payment of any trans account is charged.	action by notifying the District in wr	iting at least five busines	s days before my (our)	
ACH NOC Fee - Notice of Change -	for rejected ACH payments and char oplied to paper checks with non-sufficient fur - A fee charged for any change to an account ed for a payment that clears the bank but yo	nds or payment that never clea nt number or routing number	n Account Information: rs the bank \$20.00 \$20.00 \$25.00	
(Customer Checking Account #)		(Customer Routing #)		
(Customer Printed Name)	() - (Customer Contact Number	(North She	ore Account #)	
(Customer Mailing Address)	(City)	(State)	(Zip Code)	
(Customer Email Address)	YES(Customer /	NO Agrees to Receive Billing	Notices Via Email)	
(Customer Signature)		(Date Signed)		

Posted by: