

AUTHORIZATION FOR DIRECT PAYMENT

VIA ACH BANK DRAFT

I authorize Princeton Water and Wastewater to electronically debit my account as follows:

Select one: _____ Checking _____ Savings

Customer Account # _____

Name on Account: _____

Address: _____

Phone Number: _____

Bank Name: _____

Routing Number: _____

Bank Acct Number: _____

I understand that the Bank Draft will be deducted on the 5th of every month. Should the 5th fall on a weekend or a holiday, it will be deducted on the following business day. I further understand that there is a \$.15 charge each month for this service.

This authorization will remain in full force and effect until I notify the Princeton Water and Wastewater that I wish to revoke this authorization. I understand that Princeton Water and Wastewater requires notice at least 5 days prior to the 5th of the month in order to cancel this authorization.

I understand that if for any reason my bank draft is returned for insufficient funds, Princeton Water and Wastewater has the authority to cancel this service after two (2) occurrences. I am also aware that I will be charged a \$35.00 return ACH fee and I will have two (2) business days to get my account paid in full to avoid any disconnection of services.

Signature: _____ Date: _____