

EASTERN OHIO REGIONAL WASTEWATER AUTHORITY

PO Box 508
Bridgeport, OH 43912
(740) 676-5911

ACH Recurring Payment Authorization Form

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated on each billing period. The charge will appear on your bank statement as an "ACH Debit". You agree no prior notification will be provided unless the date or amount changes, in which case you will receive notice from EORWA at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Eastern Ohio Regional Wastewater Authority to charge my
(Full Name) bank account indicated below on the due date each month for payment of my utility bill.

EORWA Account Number: _____

Service Address _____ Phone # _____

City, State, Zip _____

Account Type: Checking Savings

Name on Account	_____	<p>The diagram shows a check with the following fields: My Name, My Address, City, State Zip, DATE: 1234, PAY TO THE ORDER OF: \$ _____, DOLLARS, The Bank Name, Address, Phone Number, Memo: _____, and MICR line: ⑆ 23456789⑆ 1234⑆ 23456789⑆. Red boxes and labels identify the ABA Routing Number (23456789), Check Number (1234), and Account Number (23456789).</p>
Bank Name	_____	
Account #	_____	
Bank Routing #	_____	
Bank City/State	_____	

I understand this authorization will remain in effect until I cancel it in writing and I agree to notify EORWA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand EORWA at its discretion may attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transaction correspond to the terms indicated in this authorization form. NO REFUNDS.

SIGNATURE _____ DATE _____
(Account Holder's Signature)