

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account quarterly. Just complete and sign this form to get started! **PLEASE MAIL OR FAX THIS FORM TO THE ADDRESS ABOVE. EMAILED FORMS WILL NOT BE ACCEPTED. ACCOUNTS MUST BE CURRENT TO BE ELLIGBLE FOR BANK DRAFTS.**

Recurring Payments Can Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive written notice from us 30 or more calendar days prior to the new debit date and 35 calendar days prior to the payment being collected.

Please complete the information below:

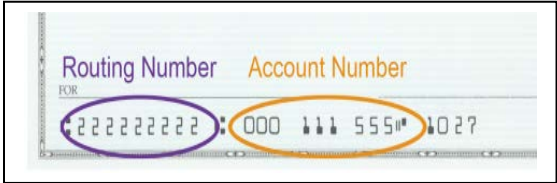
I _____ (full name) authorize Big Park Domestic Wastewater Improvement District to charge my bank account indicated below on the 8th of the second month of each billing quarter (February 8th, May 8th, August 8th, and November 8th) for payment of my Big Park DWWID User Fee in the amount of \$_____. (Please fill out your current quarterly amount due. If you do not know the amount please email or call our office and the amount will be provided to you.)

Big Park Account Number _____ Service Location _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	
Start Date _____	



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Big Park Domestic Wastewater Improvement District in writing of any changes in my account information, including a change in total ERU's, or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that upon starting the automatic payment, that a \$0 pre-note transaction will occur on my account. I understand that because this is an electronic transaction, 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 that Improvement District Services may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.