Phone: 251-626-5554 Fax: 251-626-5540 www.belforestwater.com



9080 County Rd 64 Daphne, AL 36526

ACH PAYMENT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARING HOUSE (ACH) DEBIT FOR UTILITY BILLING

I, (We) hereby authorize **Belforest water System** (hereinafter called the **System**) to initiate appropriate ACH entries and, if necessary, adjustments for entries made in error, to my (our) account(s) indicated below and the depository(s) named below to credit and/or debit the same such accounts. This authorization shall remain in effect until the **System** has received written notification from either party of its termination in such time and in such manner as to afford the System and depository(s) a reasonable opportunity to act upon said termination request. The **System** may cancel this agreement at any time upon written notification to **System's** customer. In order for the customer to cancel this agreement, the customer must properly complete and submit and ACH Termination Form.

The amount debited every month will be equal to the sum of all current charges, late charges, past due charges, processing fees, and any other outstanding charges due.

Debit/Charge Information

Name on Bank Account	
Account Number	Routing/Transit #
Depository Name (Bank Name)	
Samiaa Addussa	
	Secondary Phone No.:
I would like to enroll in the E-Billing No, please send me a paper bill in th	g program and have my monthly bill emailed to me free of charge. ne mail.
Email Address:	
, , , , , , , , , , , , , , , , , , , ,	e last business day of each month and shall begin on (month), the System has received this form properly completed and signed.
1,	rovided to all parties concerned. This form must be accompanied by a ubmitted in person or mailed to 9080 County Road 64, Daphne AL 36526.
Authorized Signature:	Date:

NOTE: If received after the 20th of the month ACH will not begin until the following month.