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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. For the customer to cancel this agreement, the customer must properly complete and submit an 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

Depository Name (Name of Bank)			
Routing Number		Account Number	
Name on Bank Account			

Service Address: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

I would like to enroll in the E-Billing program and have my monthly bill emailed to me free of charge.

No, please send me a paper bill in the mail.

Email Address: \_\_\_\_\_

The utility payment shall be posted on the last business day of the month or the due date and shall begin on (month)\_\_\_\_\_, (year) 20\_\_\_\_ or as soon as possible after the System has received this form properly completed and signed.

A copy of this completed form is to be provided to all parties concerned. **This form must be accompanied by a voided check or letter from bank** and submitted in person, emailed to [ebills@belforestwater.com](mailto:ebills@belforestwater.com) or mailed to 9080 County Road 64, Daphne AL 36526.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_