

K-GB-LB WATER DISTRICT GLENEDEN SANITARY DISTRICT

Authorization Agreement for Automatic Payment

New Authorization
 Change Authorization
 Cancel Authorization

Name on Account: _____ Account # _____

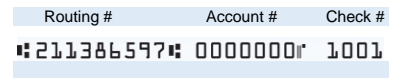
Service Address: _____

Mailing Address (if different): _____

Contact Phone #: _____ Alternate Phone #: _____

Bank Name/Address: _____

Bank Routing – Transit Number: _____



Bank Account Number: _____

- Checking Account (**Include voided check**) ONLY for account number verification
 OR
 Savings Account (**Include a teller slip**) for account number verification

I authorize my financial institution to debit my bank account each billing cycle and credit/pay the K-GB-LB Water District for utility Services on the bank account referenced above. I understand that a fee will be charged by the District for all transactions resulting in insufficient/unavailable funds and that my utility service will continue to be subject to disconnection for failure to pay a bill by the due date. I understand and agree that the District shall not be responsible for errors or omissions of my Financial Institution, and that my obligation to timely pay a utility bill remains in force regardless of errors and omissions by the Financial Institution. I have the right to discontinue participation by notifying the District **in writing by the 20th of the month, for the current billing cycle**. I will still be responsible for the payment of my bill by the due date. I further understand that both my Financial Institution and the District reserve the right to terminate this Automatic Bill Payment Agreement or my participation at any time without prior notice.

Automatic payments will usually begin within two billing cycles after receipt of your authorization form, but the timing of commencement of automatic payments is not guaranteed by the District and is subject to approval of your Financial Institution. Any balance due on your utility account should be paid prior to start of the Automatic Bill Payment program. If the balance is not paid, the first automatic withdrawal from your bank account will deduct the entire amount owed on your utility account. The K-GB-LB Water District must be notified immediately any time you change Financial Institutions or bank account information in order to prevent returns on payment requests.

Your checking/Savings account will be drafted on the due date indicated on the utility statement. You will know that the automatic withdrawal request is in effect once the statement “**DO NOT PAY**” appears on your utility statement.

Your financial Institution may require you fill out additional documentation to initiate this program. Some Financial Institutions may also include a charge or fee for processing automatic payments. Please check with your Financial Institution for any such additional program requirements.

AGREED AND ACCEPTED BY: Please Print _____
First Name
Last Name

Signature: _____ Date: _____

Please sign and return: Physical Address:
 K-GB-LB Water District
 6595 Gleneden Beach Lp
 Gleneden Beach, OR 97388
Phone (541 764-2475 Fax (541-764-2459

Mailing Address:
 K-GB-LB Water District
 P.O. Box 96
 Gleneden Beach, OR 97388

For Internal Use Only: Date & Initial		
E _____	V _____	N _____
Acct # _____	D _____	