



ACH Debit Authorization

CUSTOMER INFORMATION

Name: _____
Account No: _____ (BTPWD Acct Number)
E-Mail Address: _____
Phone No: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____
Bank Routing/Transit No: _____
Name on Account: _____
Account Type (circle one): Checking / Savings
Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Bloomington Township Public Water District to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand that the amount deducted will be the TOTAL balance due on my utility bill.

I understand sending a written notification to Bloomington Township Public Water District will revoke this authorization.

Bloomington Township Public Water District reserves the right to cancel Electronic Fund Transfers due to insufficient funds.

Print Authorized Name

Authorized Signature

Date

Please attach a **VOIDED CHECK** to this authorization. Please verify with your financial institution that the routing number on your check is the routing number to be used for ACH transactions.

All forms received by the BTPWD office by the 18th of the month will be effective with the next billing. You will know that you authorization has been received and is effective – because your utility bill will say “BANK DRAFT – DO NOT PAY”