

# Board of Water and Sewer Commissioners

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JAMES E. DAVIS  
JACKIE R. HAINES  
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H. O'NEIL ROBINSON  
SCOOTER THRONSON



JOHN VAUGHN

## ACH Debit Form

I, \_\_\_\_\_, hereby authorize the Board of Water and Sewer Commissioners of the City of Saraland, Alabama (hereafter known as Saraland Water Service) to initiate debit entries to my checking account indicated below at the Depository (bank) named below, and the Depository to debit the same to such account. You may, also, initiate credit entries to reverse any transactions you have originated to my account in error. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I acknowledge a service fee of \$0.99 will be added to my monthly bill (bills - if customer has more than one account) for the ACH debit of my bill from Saraland Water Service. The ACH debit transaction will be initiated on the 11<sup>th</sup> day of each month. Note: if the 11<sup>th</sup> of the month falls on a non-business day or a holiday, funds will be debited from your account the business day **prior** to the 11<sup>th</sup>. I understand if funds are not available, I will be charged the current fee for insufficient funds.

Name Listed on Checking Account:

\_\_\_\_\_

Depository Name (Bank Name) \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

The authorization is to remain in force until Saraland Water Service has received **written** notification from me of its termination in such time and in such manner as to afford Saraland Water Service a reasonable opportunity to act on it (no less than 30 days). I acknowledge there will be a \$10.00 reinstatement fee if I decide to reinstate the ACH debit of my account.

Signature \_\_\_\_\_ Account # \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

\*If ACH debit authorization is received in our office by the 11<sup>th</sup> of the month; debit of account will begin the following month. Authorizations received after the 11<sup>th</sup> **will not** be debited the following month.

**Date ACH Draft begins:** \_\_\_\_\_

\*\*Copy of completed ACH debit form given to customer \_\_\_\_\_ (customer's initials)

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_