

## DIRECT PAYMENT/ACH DEBIT AUTHORIZATION

**Big Sioux Community Water System, Inc.**  
23343 479<sup>th</sup> Ave. Egan, SD 57024  
605-997-2098

I, \_\_\_\_\_, authorize Big Sioux Community Water System, Inc. to initiate electronic debit entries for the purpose of satisfying Big Sioux Community Water System, Inc. bills, and if necessary, electronic credit entries to correct any erroneous debit entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### **Type of Bank Account:**

\*Business Checking Account

\*Business Savings Account

*\*(Check this box if the checking or savings account is setup at your bank as a business or commercial account)*

Personal Checking account

Personal Savings account

### **Banking Information:**

Financial Institution Name: \_\_\_\_\_

Financial Institution City, State, and Zip: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Account Number at Financial Institution: \_\_\_\_\_

I authorize Big Sioux Community Water System, Inc. to debit my checking/savings account on the 20<sup>th</sup> of each month according to the rate charged for the amount of gallons used each month. In case the 20<sup>th</sup> falls on a weekend or holiday, the debit will occur the following business day.

NAME (PLEASE PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

Big Sioux Community Water System, Inc. Account Number: \_\_\_\_\_

*Please attach a voided check to this form.*

### **How to Revoke your Authorization:**

This authority will remain in effect until I have cancelled it in writing or by phone with Big Sioux Community Water System, Inc. stating that I wish to revoke this authorization. I understand that Big Sioux Community Water System, Inc. requires at least 7 days prior notice in order to cancel this authorization. In no event shall termination be effective with respect to entries originated prior to receipt of notice of termination.

Authorization Revoked on: \_\_\_\_\_ Signature: \_\_\_\_\_

**Retain authorization for 2 years after the revocation of the authorization**