## **Otter Lake Water Commission**

## **Authorization Agreement For Direct Payments (ACH Debits)**

Use this form to start, stop or change a direct payment authorization.		
Type of Action:	Customer Name:	Billing Account # or Slip #:
New (start)	Mailing or Service Address:	Phone # :
Change account		
Cancel (stop) Email:		
Consult the example below or have your bank or credit union help you fill out the next section.		
Bank or Credit Union Information		
Name of bank or credit union:		Routing # :*
City / State / Zip		Account #:*
Account Type: (check one)  Checking Savings  Name(s) as it appears on account:		
	# 1 2 3 4 5 6 7 # 100 1 # 1 2 3 4 5 6 7 # 100 2 ank Account Number Check #	For checking accounts, include an original check with the word "VOID" written on it.
I (we) hereby authorize the Otter Lake Water Commission, either directly or through its billing contractor, hereinafter called OTTER LAKE, to initiate debit entries to my (our) checking/savings account at the depository financial institution named above, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions U.S. Law.		
	rmination in such time and in such	OTTER LAKE has received written notification from me manner as to afford OTTER LAKE and DEPOSITORY a
Date:	Signature:	

NOTE: Debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization

**Submit Form To:** Otter Lake Water Commission, 6475 W Montgomery Rd, PO Box 468, Virden, IL 62690 If you have any questions, please call: (217) 965-1566

The ACH debit will be processed on the 3rd of the month. If the 3rd falls on a weekend or holiday then the ACH debit will be processed on the next business day.