

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I hereby authorize Iron River Sanitary District No. 1 to initiate debit entries to my account indicated below and the financial institution named below to debit the same to account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law.

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

Bank Routing No: _____

Bank Account No: _____ Acct type: ☐ Checking ☐ Savings

I agree that my bank account will be debited between the 16th and 20th of each month. This authorization is to remain in effect until Iron River Sanitary District has received written notification from me of its termination in such time and in such manner as to afford Sanitary District and resident's bank a reasonable opportunity to act on it.

Name(s) Printed: _____

Signed: _____

Date: _____ Utility Account No. _____

Property Address: _____

Daytime Phone Numbers: _____