

**SOUTH CENTRAL REGIONAL SEWER DISTRICT AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED PAYMENTS**

Application Form

I hereby authorize South Central Regional Sewer District, hereinafter called the COMPANY, to initiate ACH debits to the account identified below at \_\_\_\_\_,  
(your Financial Institution) and authorize the institution to charge such debits to my account.

Such debits shall be equal to \$ monthly utility bill and due and payable on the 20<sup>th</sup> of each month. If the purpose for the debits is restricted in any manner, such restriction is stated below. Adjusting entries to correct errors is so authorized. It is agreed that these debits and adjustments will be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and effect until **written notification** is given to the COMPANY of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Your authorization must be received by the District no later than the 15<sup>th</sup> of the month to allow the ACH withdrawal request to be processed for the automatic deduction on the 20<sup>th</sup> of the same month. Otherwise, the automatic withdrawal will not take effect until the following month. Call 812-334-8871 with questions.

SERVICE ADDRESS: \_\_\_\_\_

Name of Your Financial Institution	Routing & Transmission Number.	Bank Account Number	Type of Account (circle one)  Checking  Savings
Name of Bank Account Holder (please print)	Address	City  State	Zip
Signature of Bank Account Holder	Date  ____/____/____	Limit Withdrawal to amount of bill?  Yes _____  No _____	SCRSD Account Number

\*\*\*\*\***PLEASE ATTACH VOIDED CHECK TO THIS AUTHORIZATION**\*\*\*\*\*

Please mail to: South Central Regional Sewer District  
P.O. Box 362  
Bloomington, IN 47402