



KENNEBUNK SEWER DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

I (we) _____ authorize **KENNEBUNK SEWER DISTRICT, (KSD)** to initiate debit entries to my (our) Account indicated below at the financial institution named below, hereafter called FINANCIAL INSTITUTION, and to debit the same to such account.

Name of Financial Institution: _____ Branch: _____

City _____ State _____ Zip _____

Financial Institution Routing Number: _____

(Routing Number is between : : symbols on bottom left of your check)

Account Number: _____ Checking / Savings (circle one)

- I elect to pay my bill on the 20th day of each quarter of the month due or (next available business day).
- KSD will not withdraw during any one quarter more than the total amount due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.
- I (we) are aware that insufficient funds in my account at the time of the withdrawal of the Direct payment will result in a **\$ 15.00 NSF fee** charged to my sewer account.
- This authorization is to remain in full force and effective until **KENNEBUNK SEWER DISTRICT** has received written notification to P.O. Box 648 Kennebunk, ME 04043-0648 from me (or either of us) at least fourteen (14) days prior to the proposed effective date of the termination of authorization and in such manner as to afford **KENNEBUNK SEWER DISTRICT** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.
- Please notify KSD if you change your bank or bank account number.

Kennebunk Sewer District Account Number(s): _____

Name(s) _____ (please print)

Address: _____

Signature: _____ Date: _____

(Please attach a voided check – deposit slips are not acceptable)