



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)