



WELLS SANITARY DISTRICT  
 197 Eldridge Road  
 Wells, Maine 04090  
 (207) 646-5906

**ACH Recurring Payment Authorization Form**

The Wells Sanitary District is now offering its customers an ACH Payment Option. You can now schedule your payment for your sewer account to be automatically deducted from your checking or savings account.

Recurring Payments Are Convenient:

- Saves you time and postage
- Your payment is always on time (even when you are out of town)

**Here Is How Recurring Payments Work:**

By completing the form below, you authorize regularly scheduled payments from your checking or savings account. Your account will be charged the amount of your invoice no sooner than 32 days after the billing date. The charge will appear on your bank statement as "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us prior to the payment being collected.

I, \_\_\_\_\_, authorize the Wells Sanitary District to charge my bank account indicated below (quarterly or annually-March billing ONLY) for payment of my sewer account# \_\_\_\_\_.

Bank Name:	Bank Phone Number:
Bank Account Number (not to exceed 17 digits)	Type of Account (Checking or Savings)
Bank Routing and Transit Number (required 9 digits)	Effective Date:
Print Name:	Phone Number:
Authorized Signature:	Date Signed:
Frequency of Payment (Quarterly or Annually-March billing ONLY)	Sewer Account Number:
Email address:	

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Wells Sanitary District in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or a holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Wells Sanitary District may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***PLEASE ATTACH A VOIDED CHECK FROM YOUR ACCOUNT WHEN RETURNING THIS FORM***