



AUTOMATED CLEARING HOUSE (ACH)
ORIGINATOR AGREEMENT ATTACHMENT
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Evergreen Water & Sewer District, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Bank named below, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name:
Address:
City/ST/Zip

(Routing / transit number) (Account number) Type of Acct: Checking Savings

This authority is to remain in full force and effect until EVERGREEN WATER has received written notification from me (or either of us) of its termination in such time and manner as to afford EVERGREEN WATER and FIRST INTERSTAE BANK a reasonable opportunity to act on it.

(print individual name) (print individual name)
(water / sewer account number(s)) (water / sewer account number(s))
(signature) (signature)
(date) (date)

enroll in email billing Email:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM