

Direct Payment Authorization Form

Please complete the information below and *send a voided check or bank documentation showing your account number and routing number.*

I [redacted] authorize United Utility Services to charge my bank account for payment of my water and sewer bill on every due date.

United Utility Services Account # [redacted]

Service Address [redacted]

Phone # [redacted]

Email [redacted]

****United Utility Services will not be able to process any Direct Payment Forms without the requested documentation above****

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify United Utility Services in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdraw from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for any reason, I understand that United Utility Services will cancel my direct payment and I will have to submit this form and any needed documentation in order to enroll to direct payment again. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. I certify that I am an authorized user of this bank account and will not dispute these schedule transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

Signature [redacted]

Date [redacted]