

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH**

**(ACH DEBITS)**

I hereby authorize **Darlington County Water & Sewer Authority** hereafter called COMPANY, to electronically debit my account (and, if necessary, to credit my account to correct erroneous debits) as follows:

\_\_\_\_\_ Checking Account/\_\_\_\_\_ Savings Account at the depository financial institution named below. **I agree that ACH transactions I authorize comply with all applicable law.**

Depository Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Names on the Account \_\_\_\_\_

Amount of debit/credit \_\_as indicated on monthly billing\_\_\_\_\_

Date and/or frequency of debit(s) \_Once monthly as indicated on monthly billing

I understand that this authorization will remain in full force and effect until I notify COMPANY in writing that I wish to revoke this authorization. I understand the COMPANY requires at least 5 business days prior notice in order to cancel this authorization.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_