

Montgomery County Regional Sewer District
 110 W South Boulevard
 Crawfordsville, IN 47933
 765-361-2623

Pre-Authorized ACH Debit Agreement (Direct Payment Debit)

Name (Business name if business)	Phone
Address	
City, State, Zip	
<input type="checkbox"/> New Authorization <input type="checkbox"/> Account Number Change <input type="checkbox"/> Cancellation of Agreement <input type="checkbox"/> Depository Change <input type="checkbox"/> Other _____	
<p>I (We) hereby authorize Montgomery County Regional Sewer District, hereinafter called MCRSD, to initiate recurring debit (withdrawal) entries to my (our) account indicated below, and the Financial Institution named below, hereinafter call DEPOSITORY, to debit the same to such account. Said debit will be debited from my account on or after the 10th of each month. If this item is dishonored, I (we) authorize an additional returned check fee of \$25.00 (or Legal Limit) to be charged to this account.</p> <p>If funds are erroneously taken from my (our) account, I (we) authorize MCRSD to initiate a correcting (credit) entry, and DEPOSITORY to credit the same to such account.</p>	
Depository Name	Bank Routing/ ABA number
Address	Account Number
City, State, Zip	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Optional - *** attach a voided check (or copy) to ensure account accuracy ***	
<p>This authorization is to remain in full effect until terminated by MCRSD or until MSRSD has received written notification from me (or either of us) of its termination, at least 10 banking days in advance of the next scheduled payment so as to afford MSRSD and DEPOSITORY a reasonable opportunity to act.</p>	
Authorized Signature	Title
Printed Name of Signatory	Date