



Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking account. You will be charged the balance on your account each billing period on the 10th of each month, if the date is on a weekend or holiday your account will be debited the next business day. The charge will appear on your bank statement as an "ACH Debit".

If you decide to change the amount to be debited from your account, you agree to call our office at 318-899-5726 during regular business hours 7:30am-4:00pm Monday-Thursday at least 2 days before the scheduled transaction.

I* _____ authorize **South Grant Water Corporation** to debit the account indicated below for a maximum amount equal to balance due on my water bill on or after the 10th day of every month. This transaction is for payment of my water bill account * # _____.

Billing Information

*Billing Address _____ * Phone # _____

*City, State, Zip _____ * Email* _____

Would you like your bill Emailed: YES NO

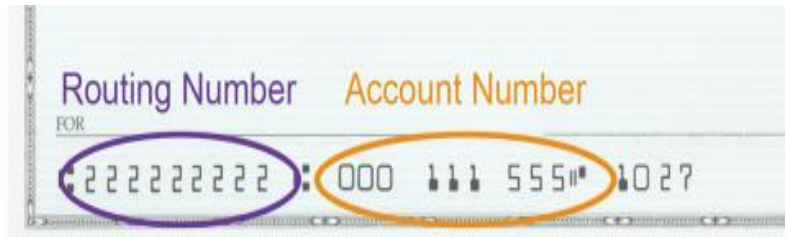
Bank Details *

Checking

*Bank Name _____

*Account Number _____

*Routing Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **South Grant Water Corporation** 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 payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 **South Grant Water Corporation** may at its discretion attempt to process the charge again and agree to an additional **\$35.00** 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 the law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

*SIGNATURE _____ * DATE _____

(Account Holder's Signature)

Please complete and sign this form and return by any of the following:

Email To: office@southgrantwater.net, Mail To: South Grant Water Corporation, P.O. BOX 118, Bentley, LA 71407 , OR CALL

THE OFFICE TO GET SETUP OVER THE PHONE.

Drop off at office during business hours- 19218 Hwy 167 Bentley, LA 71407-please do not put in drop box