

SOUTH SANGAMON WATER COMMISSION
9199 Buckhart Road ~ Rochester IL 62563-8090
217-685-6210 water plant 217-381-5359 business office

info@sswc.us
www.sswc.us

Account # _____

Dear Water Customer:

This will enable our bank to automatically withdraw your water bill payment on a monthly basis. If you are interested in this payment option, please complete this form, attach a copy of a void check or personalized deposit slip and return to the South Sangamon Water Commission, PO Box 83, New Berlin IL 62670-0083.

AUTHORIZATION AGREEMENT FOR ACH DEBITS

It is understood and agreed that this authorization is for payment of water payments to the South Sangamon Water Commission (Commission). It is also understood and agreed that the term of ACH debits will be until Commission has received written notification from me of its termination in such time and in such manner as to afford Commission a reasonable opportunity to act on it.

Payments will be paid monthly by automatic bank draft (ACH). The withdrawal will occur on or about the 25th of each month. The withdrawal amount will be the exact amount of your monthly meter read from Commission for your water usage.

I hereby authorize the South Sangamon Water Commission to initiate debit entries for water payments by drafting my bank account indicated below at the bank named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number: ____ _
(nine positions found in the lower left hand corner of your check)

Bank Account Number: _____
Checking or Savings (please circle one)

Name: _____
(please print)

Signature: _____ Date: _____