



HAINES BOROUGH
Water/Sewer Customer

Authorized Agreement for Auto Pay

Utility Acct Name: _____ Utility Acct# _____

I hereby authorize the Borough of Haines, herein after called HB, to initiate debit entries to my

CHECKING ACCT / SAVINGS ACCT
(circle one)

Indicated below at the depository financial institution named below, hereafter called the bank, and to debit to such account the amount of my monthly utility bill.

EFFECTIVE PAYMENT DATE – 15th of each month*

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Acct# _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S law.

This authorization is to remain in full force and effect until the HB has received written notification from me of its termination in such a time and such manner as set forth below under “terms and conditions”.

I HAVE READ AND ACCEPT THE FOLLOWING TERMS AND CONDITIONS:

- If the 15th of the month falls on a weekend or holiday, my payment will be made on the first available business day following the 15th.
- If I close my bank account or wish to alter or terminate this arrangement, I must provide **written notification** to the HB **at least 10 business days prior** to the payment effective date. If I fail to provide the written notification prior to the due date and the HB is unable to process my payment, I will be responsible for an alternate payment arrangement.
- If my bank can not process my payment for any reason, the HB will attempt to contact me for an alternate payment arrangement. If I cannot be contacted, or do not make alternate payment arrangements, my account will be subject to normal credit procedures for non-payment. If the payment cannot be processed due to insufficient funds, NSF processing fees will apply.
- If two unprocessed payments occur within a 12-month period, the Auto Pay will be cancelled and I will be required to pay with cash.
- The HB may cancel or update this agreement, at any time, upon 30 days written notice.

Signed: _____ **Date:** _____

Contact Phone#: _____

* **Completed forms received by the 1st of the month to be eligible for auto pay on the 15th of that month**