

**Somers County Water & Sewer
P.O. Box 117
Somers, MT 59932**

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Recurring ACH Debits Authorization Form

This is permission for recurring debits. As an authorized signor on the Depository Account presented, by completing and signing this form you give Somers County Water permission to charge/debit your account for the amount indicated on or before the indicated date. This authorization is to remain in full force and effect until Somers County Water has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor allow Somers County Water & Sewer to
(Full name)
charge/debit my account indicated below on, or the Friday before, the 26th of each month. These payments are for water and/or sewer services incurred for the month.

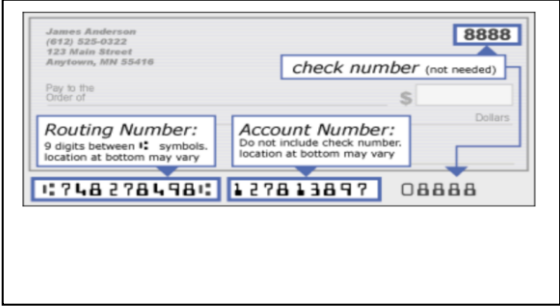
My Account number is: _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Bank Name _____			
State _____ (If nationwide bank: Bank of America, Wells Fargo etc.)			
Routing Number _____		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Account Number _____			

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$25 may be charged by Somers County Water & Sewer to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize Somers County Water & Sewer to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____

DATE _____

Scan & Email to: kerah.swd@gmail.com or mail to address above.

I, _____ hereby **Revoke my Authorization for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date