



MASON COUNTY PUBLIC SERVICE DISTRICT
 101 Camden Ave.- Point Pleasant, WV 25550
 304-675-6399

CUSTOMER REQUEST FOR ACH RECURRING PAYMENT

Your total account balance will be processed on the closest business day to the 15th of each billing due date (monthly for sewer and bi-monthly for water). Call the office *immediately* if you disagree with the billing charges. Just complete and sign this form to get started. There is no charge and you may discontinue at any time.

Water Account Number: _____

Name(s) on Account: _____

Address: _____

Phone #: _____ Secondary Phone #: _____

Bank Info: Name on acct: _____

Bank name: _____

Routing number: _____

Account number: _____

The date payment will be processed will be on the business day closest to **the 15th monthly for sewer and/or the 15th bi-monthly for water.** I understand that if the District attempts to deduct funds for payment and my bank refuses payment for any reason, that I will incur the District's returned check charge of \$25.00 and delayed payment charge of 10% of the amount of the bill. After two bank refusals you will no longer qualify for the automatic deduction. I understand that I control my payments and if at any time I decide to discontinue this service, I will notify the Mason County PSD in writing. I also understand that all information here will remain confidential.

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please **include a voided check.**

Customer signature: _____ **Date:** _____

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

The above signature authorizes the MCPSD to initiate withdrawals from the about account for payment of water-sewer bills. This authorization will remain in effect until notice of termination is given to the MCPSD. It is the customer's responsibility to notify the Billing Department of bank account number or any other bank account changes.

***This authority is to remain in full force and effect until the Mason County PSD has received **written** notification from me (or either of us, for a joint account) of its termination 15 days *prior* to the next billing date.

REQUEST TO <u>DISCONTINUE</u> ACH RECCURING PAYMENT: I WOULD LIKE TO STOP MY PARTICIPATION IN THE ACH RECURRING PAYMENT PROGRAM.	
Signature: _____	Date of request: _____

<i>For office use only:</i> date set up on account _____ by: _____
