

HENDERSON WATER DISTRICT

1004 State Highway 16
Jerseyville, Illinois 62052
Phone: 618.498.6418 Fax 618.498.6410

BANK DRAFT AUTHORIZATION

I hereby authorize Henderson Water District (HWD) to draft my account at :

Name of Bank : _____

Address : _____

***Bank Routing Number :** _____

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

Please attach a voided check

This payment is for water services provided by HWD of which I am a customer. Payment will be debited from my bank account on the due date each month for the balance due HWD. If the payment date falls on a weekend or holiday, I understand that the payment will be executed on the next business day.

I further agree that this authorization will remain in effect until I cancel in writing and I agree to notify HWD in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. In the case of an ACH transaction being rejected for Non-sufficient Funds (NSF) I understand HWD may cancel this authorization and I agree to a service fee of \$25 to be charged to my HWD account.

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.

Print Name : _____

Signature : _____

Phone : _____

Date : _____

HWD Billing Act. No.(s)_____