

AUTOMATIC PAYMENT PLAN

We are pleased to offer the billing convenience of AutoPay. Payments can be made directly from your checking or savings account, and you won't have to change your present banking relationship. Plus, IT'S FREE!!

AutoPay offers many benefits: 1) Saves time and checks; 2) Meets billing commitments even when you are on vacation or out of town; 3) Easy to get started, easy to change, easy to cancel; 4) Convenient, timely peace of mind; and 5) YES, it's completely free.

How AutoPay works: You authorize regularly scheduled payments from your checking or savings account. Payments will be made electronically on the 8th day of every month. Proof of payment will appear on your statement. The authority you give to debit your account will remain in effect until you notify us to terminate it. You can change your payment at any time by notifying us seven (7) days prior to any regularly scheduled payment. To participate, submit this completed form to the address printed at the bottom.

Select one: Begin Payment Change information

I/We authorize UPPER SOURIS WATER DISTRICT to electronically debit my/our account, and if necessary, to electronically credit my/our account to correct erroneous debits, as follows:

Select one: Checking Account Savings Account

I/We acknowledge that the origination of ACH transactions from my/our account must comply with the provisions of United States law and I/we agree to be bound by the Nacha Operating Rules and Guidelines (www.nacha.org).

Name of Financial Institution: _____

Routing number: _____ Account number: _____

Name(s) on the account: _____

Authorized debit amount is your balance in full, paid on the 8th day of every month, starting on the date of: _____

Upper Souris Water District Account number: _____

I/We understand this authorization will remain in full force and effect until I/we notify Upper Souris in writing or by phone that I/we wish to revoke this authorization. I/we understand that at least seven (7) days notice is required to cancel this authorization.

Signature(s): _____ / _____

Please Print: _____ / _____

Phone: _____ / _____

Email: _____ / _____

Date: _____

Date: _____

Submit completed form and voided check to:

Upper Souris Water District
PO Box 461
Bottineau, ND 58318

For assistance, please call 701-385-4093