

Alto Lakes Water & Sanitation District

PO Box 750, Alto, NM 88312 Phone 575-336-4333

ELECTRONIC DIRECT BANK DEBIT AUTHORIZATION

I hereby authorize and request **Alto Lakes Water & Sanitation District (ALW&SD)** to effect payment for amounts owing by me to ALW&SD as such amounts become due by debiting my account through the **Automated Clearing House (ACH)**. **I authorize my Bank to accept any debit entries initiated by ALW&SD to my account and to debit the same to my account without responsibility for correctness thereof.** ALW&SD will mail statements for my records.

I understand that this agreement may be terminated by me at anytime by written notification to ALW&SD. Any such notification to ALW&SD shall be effective only with respect to electronic transfer (direct debit) initiated by ALW&SD after receipt of such notification and a reasonable opportunity to act on it. **I also understand that if a direct draft initiated by ALW&SD is not paid by my bank due to insufficient funds**, this agreement may be terminated by ALW&SD with written notification to me.

<input type="checkbox"/> Yes, I have water service installed	<p><u>Authorization For Monthly Water Charges</u></p> <p>I understand that:</p> <ul style="list-style-type: none"> My Water statement(s) will be mailed to me <u>the last day of each month</u>. Payment(s) will be <u>drafted on the 15th OR the next working day of each month</u>. I will have the period between receiving my statement and the draft date to contact ALW&SD regarding my billing.
<input type="checkbox"/> No, I do not have water service installed	<p><u>Authorization For Quarterly Fire Protection Fees</u></p> <p>I understand that:</p> <ul style="list-style-type: none"> My Fire Protection Charge statement(s) will be <u>mailed the first month of each quarter</u> (January, April, July, and December) Payments will be <u>drafted on the 25th or the next working day of Feb., May, August, and November</u> I will have the period between receiving my statement and the draft date to contact ALW&SD regarding my billing

PLEASE PRINT - RETURN ENTIRE PAGE TO:

Alto Lakes Water & Sanitation District - PO Box 750 – Alto, NM 88312

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

NAME AS REGISTERED WITH YOUR BANK _____

AUTHORIZED SIGNATURE _____ [date]

(as it appears at your bank)

To ensure proper bank coding, **please return a voided check OR a copy of your check with this form**
Please provide **a new voided check or copy** if you change banks or change account numbers.