

# AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

**Check one:**     Begin Payments     Change Information

I hereby authorize the WINNESHIEK ENERGY DISTRICT to electronically debit my account (and, if necessary, to electronically credit my account to correct erroneous debits) as follows at the depository financial institution named below (“DEPOSITORY”). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

- Checking Account /  Savings Account (select one)  
 Business Account (Check this box if the account is setup at your bank as a business account)

Depository Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on the Account: \_\_\_\_\_

Amount of debit: \$ \_\_\_\_\_

I understand my account will be debited **monthly** on the (  1<sup>st</sup>  15<sup>th</sup> ) of the month.

I understand that this authorization will remain in full force and effect until I notify the WINNESHIEK ENERGY DISTRICT in writing that I wish to revoke this authorization. I understand that WINNESHIEK ENERGY DISTRICT requires at least 5 business days’ notice in order to cancel this authorization.

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### CONSUMER / PERSONAL ACCOUNT only:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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### COMMERCIAL / BUSINESS ACCOUNT only:

I certify that I am an authorized signer, or otherwise have authority to act, on the account identified in this agreement. By signing below, both parties subject to this Authorization agree to be bound by the *NACHA Operating Rules and Guidelines*.

Name of Company: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Printed Name and Title of Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_