



# Platte County Regional Sewer District ACH Authorization Form

## CUSTOMER INFORMATION

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, ST Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

## ACH INFORMATION

Add/change ACH Account

Cancel ACH payments

**Attach voided check in this area or enter routing information below**

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Account Type:    Checking    Savings

I (Customer) authorize the Platte County Regional Sewer District (PCRS D) to initiate debit entries and/or credit adjusting entries for the account indicated above. I authorize my financial institution to accept the credit/debit entries incurred against my account by PCRS D. This authority is to remain in full force and effect until either the Customer or PCRS D notify the other party in writing of the termination of this agreement no later than 10 days before the scheduled payment. The PCRS D reserves the right to terminate this agreement immediately if the Customer's ACH transaction was returned for non-payment.

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

## PCRS D USE ONLY

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_