



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 (PCRSD) 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 PCRSD. This authority is to remain in full force and effect until either the Customer or PCRSD notify the other party in writing of the termination of this agreement no later than 10 days before the scheduled payment. The PCRSD reserves the right to terminate this agreement immediately if the Customer's ACH transaction was returned for non-payment.

Signature: _____ **Date:** _____

PCRSD USE ONLY

Entered by: _____ **Date:** _____

Notes: _____

