

WEST ALEXANDRIA

Village Offices
One Water Street
West Alexandria, Ohio
45381

Telephone: (937) 839-4151
Fax: (937) 839-1102



ADAM BENEKE
Village Administrator
937-533-1154
va@westalexoh.com

SHAYLIE HAWKINS
Fiscal Officer
937-839-4151
clerk@westalexoh.com

ACH Recurring Payment Authorization Form

You authorize regularly scheduled charges to your checking or savings account. You will be charged the total amount of your monthly water bill each billing period. The charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date changes, in which you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize The Village of West Alexandria to charge my bank account
(full name)

indicated below on the 21st day of each month for payment of my Water/Sewer/Trash Bill.

Service Address: _____ Phone: _____ Water Bill Account Number: _____

City, State, Zip: _____ Email: _____

Account Type : <input type="checkbox"/>	<input type="checkbox"/>
Checking	Savings
Name on Account: _____	Bank Name: _____
Routing Number: _____	Bank Account Number: _____
Bank City/State: _____	

SIGNATURE: _____

Date: _____

I understand that this authorization will remain in effect until I cancel it and I agree to notify The Village of West Alexandria in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that The Village of West Alexandria may at its discretion attempt to process the charge again within 30 days and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in the authorization form.