

Clarksville
Wastewater Treatment Department

2000 Broadway
Clarksville, IN 47129

Billing Office Phone: (812) 282-0441
Fax: (812) 280-5544

Debit Authorization

INSTRUCTIONS

1. Complete Page 1
2. Attach VOIDED CHECK. Not a deposit slip
3. Read and sign page 2
4. Return Page 1 and Page 2 to Clarksville Wastewater
5. Keep this page for your information.

All payments will be withdrawn the 15th of each month. If the 15th is on a weekend, the withdrawal may occur on the following Monday.

PLEASE CONTINUE TO MAIL PAYMENTS TO THIS OFFICE UNTIL YOUR BILL STATES "DO NOT PAY". ONCE YOUR BILL SHOWS "DO NOT PAY", WE WILL AUTOMATICALLY WITHDRAW YOUR PAYMENT BEGINNING ON THE 15TH OF THE FOLLOWING MONTH.

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I (we) hereby authorize Clarksville Wastewater Treatment Department, hereinafter called COMPANY, to indicate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for Application. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

(Financial Institution Name) **(Branch)**

Routing Number Account Number Circle Type of Acct: Checking or Savings

Print Name Signature

Wastewater Account Number Date

Phone Number

Service Address City

IMPORTANT
ATTACH a VOIDED CHECK TO THIS FORM. WITHOUT A VOIDED CHECK THIS PROCESS CANNOT BEGIN.
A deposit slip cannot be accepted.

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By signing here, I acknowledge that I have read the above message.