

TRI TOWNSHIP WATER DISTRICT

-Your Family & Business Water Supplier!

Dear Water Customer,

Your Trustee's are pleased to offer two additional forms of payment options for your water bill. Each method will continue to allow us to improve service while being mindful of overall cost. Additionally, you will no longer need to mail a payment thereby avoiding the postage expense and potential delays.

ACH Direct Debit - *We charge your account for you!*

Your water bill payment is deducted on the due date from your account each month. (On the 15th or next business day) You will need to sign an authorization form and provide a voided check to start this service. There is no charge for this service. *If you have already signed up, please disregard this letter.*

Online Bill Pay – *You pay your bill over the internet!*

You sign up with a bill payment provider (your bank) to pay your water bill over the internet. (Please set up your payment to post on the 15th of the month) Usually, your bank will provide this service. Any fees are part of what your bank charges for this service. Currently, TTWD does not charge for receiving payments online.

Also, our computer software vendor is considering providing the ability for you to receive your monthly water bill via email. If you are interested in receiving your monthly bill via email when this service is available, please provide your email account on the sign up form.

On behalf of TTWD, we would like to *Thank You* for your interest in these payment options and would encourage you to make any comments regarding the continued improvement of *Your* water district.

Trustees

Tri Township Water District

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Customer ACH Debit & Statement Authorization Form

I (we) hereby authorize *Tri Township Water District*, hereby called **TTWD**, to initiate debit entries for:

Customer account name

To my (our) account indicated below and the financial institution named below, hereafter called the FINANCIAL INSTITUTION, to debit the same to such account, I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. Law.

Financial Institution Name (& branch)

Address, City, State & Zip

ATTACH VOIDED

ABA Routing #

CHECK

Account # & type checking or savings

I (we) would like to receive email statements when available and have included our email address:

Email Address

This authorization is to remain in force and effect until **TTWD** has received written notification from me (us) of its termination and manner as to afford **TTWD** and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signature

Printed name

Signature

Printed name