



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: _____