

Eastgate Village Water & Sewer Association, Inc.

P.O. Box 1220 ~ East Helena, MT 59635
Phone: (406) 449-1015 or (406) 227-7033
Email: egws@eastgatevillage.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)*
FOR
REGULAR MONTHLY ASSESMENT

I (we) authorize **Eastgate Village Water & Sewer Association, Inc.**, ("COMPANY"), to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Account (Select One):

- Checking Account
- Savings Account

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____

Account Number: _____

Date of Debit (Select one):

- 1st day of each month
- 5th day of each month
- 10th day of each month

Amount of Debit(s): Regular monthly assessment charge as set annually by the Board of Directors of Eastgate Village Water & Sewer and the appropriate Homeowner's Association(s). Notification of assessment amount and/or changes will be mailed prior to the January debit each year.

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, by email, or by phone that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 10 days prior notice in order to cancel this authorization.

Name(s): _____ **(Please Print)**

Signature: _____

Date: _____

Physical Address: _____

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment