



D/NSSD Electronic Payment (ACH) Enrollment Form

This payment option will allow D/NSSD to draw payments due from an account you specify on the payment due date each month. Your account must be current to enroll. Receipts can be e-mailed monthly if desired. You may opt out of the ACH payment program at any time by notifying the billing office.

This form must be completed to enroll in the ACH program.

Please attach a voided check (not deposit slip) from the account you wish to use below:

Authorization Agreement for Automated Payments (ACH) for Duluth/North Shore Sanitary District (D/NSSD)

Property Owner/Occupant Name: _____

Property Service Address: _____

Bank Name: _____

Routing Number (9-digit) _____ Account Number: _____

Type of Account (circle one): Checking Savings

Start ACH withdrawals on (circle one): ASAP Next Mo. _____ Beginning of Year (Jan Service/Jan draw)

You must authorize D/NSSD to draw any Past Due Balances (unless paid by check) to start ACH program:

Initial to authorize: _____

I (we) hereby authorize D/NSSD to initiate ACH payments from the account specified on payment due dates. This authority is to remain in full force and effect until D/NSSD has received written notification from the account holder of its termination. If I/we opt out of this payment option I/we will provide reasonable time and opportunity to act on this request.

Name of Account Holder(s): _____

Date: _____ Signature of Account Holder: _____

Phone Number: _____ E-Mail: _____

Received by D/NSSD: _____ Processed by: _____ 1st Active Month: _____