



Beverly Beach Water District
 PO Box 576
 Newport, OR 97365
 541-265-8083
 email: bbwd.office@gmail.com
www.beverlybeachwaterdistrict.org

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to our checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will not be provided to you, however, the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

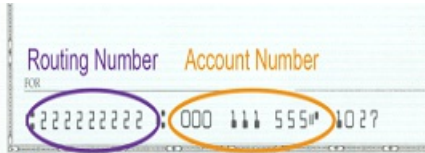
I _____ authorize the Beverly Beach Water District to charge my bank
 (Full Name)
 account indicated below for \$58.80 on the 15th day of each month. This payment is for my current monthly water service.

Billing Information

Billing Address _____ Phone # _____
 City, State, Zip _____ email _____

Bank Details

Checking Savings



Account Name _____
 Bank Name _____
 Account Number _____
 Routing Number _____

I understand this authorization will remain in effect until I cancel it in writing, and I agree to notify the Beverly Beach Water District in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand the Beverly Beach Water District may, at its discretion, attempt to process the charge again within 5 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
 (Account Holder's Signature)

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.