



243 S CO RD 625 E
Avon, IN 46123-9292
Office (317) 272-2980
Fax (317) 272-2907
www.wccdin.org

MASTERCARD or VISA DEBIT AUTHORIZATION

I hereby authorize West Central Conservancy District to initiate debit entries to my account indicated below for the **balance** on my wastewater bill each month on the **fifth (5th)**. If the fifth (5th) should fall on a weekend or holiday, the charge will be made the last business day prior to the fifth (5th). If my transaction is refused for any reason, I will be responsible for the original transaction amount plus all additional fees. I will notify West Central Conservancy District promptly of any changes to the charge/debit card number or changes in the expiration date.

_____ (MasterCard or Visa Number) _____ (Expiration Date)

This authority is to remain in full force and effect until West Central Conservancy District has received **written** notification from me of its termination in such time and manner as to afford West Central Conservancy District and the financial institution a reasonable opportunity to act on it or until revoked by West Central Conservancy District.

If you would like to receive e-bills, please check the box below and provide your e-mail address. If you choose to receive an e-bill, you will no longer receive a paper bill. Should you decide in the future to switch back to a paper bill, please contact our office or visit our website at www.wccdin.org.

_____ (E-mail Address to receive e-bill) _____ (Telephone Number)

_____ (Service Address) _____ (Mailing Address if different from Service Address)

_____ (West Central Conservancy District's Customer Number) _____ (Date)

_____ (Printed Name) _____ (Signature)



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CHECKING or SAVINGS DEBIT AUTHORIZATION

I hereby authorize West Central Conservancy District to initiate debit entries to my account indicated below and the financial institution named below for the **balance** on my wastewater bill each month on the **first (1st)**. If the first (1st) should fall on a weekend or holiday, my account will be debited on the following business day. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. If my ACH transaction is refused for any reason, I will be responsible for the original transaction amount plus all additional fees.

 (Financial Institution Name) (Branch)

 (Address of Financial Institution) (City/State) (Zip)

 (Routing Number Nine (9) Digits) (Checking or Savings Account Number)

Type of Account: ____ Checking ____ Savings

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 (E-mail Address to receive e-bill) (Telephone Number)

 (Service Address) (Mailing Address if different from Service Address)

 (West Central Conservancy District's Customer Number) (Date)

 (Printed Name) (Signature)

