

**Automatic Bank Draft Payment Plan**

- I. **Eligibility**
  - A. All members of the District who agree to the conditions set forth in this policy are eligible.
  - A. A member may elect to enter the Automatic Bank Payment Plan at any time, provided the consumer's credit history for the previous twelve(12) months does not indicate a returned check.
  - B. The member shall complete and sign a standard "Automatic Bank Draft Payment Plan" at least ten (10) days before the member's billing cycle. This time period is established so verification of bank routing codes, address of bank, etc. may be made.
  - C. The member's billing card will indicate a draft payment for the entire amount due. The column at the bottom entitled "Net Amount Due" will be the amount deducted from the account.
  - D. The bank draft payment will be processed on the 10th of each month, or the next business day if the 10th is on a weekend or Holiday.
  
- II. **Description of Plan**

Members using the Automatic Bank Draft Payment Plan will authorize the financial institution they designate to pay their monthly water bill. The member agrees that each payment shall be the same as if were a check or withdrawal personally signed and authorized by the member.
  
- III. **Conditions of Plan**
  - A. If payment is not made because of insufficient funds or any other condition over which the member has direct control while enrolled in the Automatic Bank Draft Plan, the Plan will be terminated. If the condition is determined to be the fault of the financial institution, with the District advised in writing by the financial institution, the member will immediately be restored to the Plan.
  - B. The Member may elect to terminate the Automatic Bank Draft Plan in writing before (Billing) 22nd of th month . The financial institution and the District will reserve the right to terminate the payment plan wit written notice to the member outlining the reason for the termination.

**IN ORDER TO PROCESS YOUR TRANSACTION, PLEASE PROVIDE THE FOLLOWING INFORMATION AND A VOIDED CHECK FROM YOUR BANK.**

Name of Bank, Savings & Loan or Credit Union you wish to pay your monthly water bill:

\_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Your Bank Account # \_\_\_\_\_

Bank Routing#: \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

I have read the agreement regarding North Nelson Water District Bank Draft Payment Plan and agree to abide by the terms and conditions as stated.

Sign Here \_\_\_\_\_ Date \_\_\_\_\_

North Nelson Acct Name: \_\_\_\_\_ North Nelson Acct# \_\_\_\_\_

Address: \_\_\_\_\_