



SOUTH CAMDEN WATER & SEWER DISTRICT  
Utility Billing ACH Enrollment/Cancellation Form

**This preauthorized Debit Authorization Form must be completed and returned before any preauthorized debits may occur.**

Section 1: Customer Information  
Please print or type clearly

Customer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell \_\_\_\_\_

Used for corresponding with customer regarding account or distributing payment information only.

Utility Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Effective date: \_\_\_\_\_

Type of Action:

Begin ACH: \_\_\_\_\_

Change Information: \_\_\_\_\_

Cancel ACH: \_\_\_\_\_

All utility payments for the above customer will be paid via direct draft from the account listed below. Any changes to or termination of this Authorization must be made in writing and received by the Water Dept. not less than thirty (30) days before the desired effective date of such change or termination. If the bank account is closed, notification must be made immediately to the Water Dept.

Section 2: Bank Information

Bank Account Information:

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM\*\***

Section 3: Authorization

I herein authorize the South Camden Water & Sewer District to collect any utility bills I owe by drafting payments from my account at the financial institution stated. Further, I authorize the Bank to accept and to draft entries indicated by the District from my account. In the event the District drafts funds erroneously from my account, I authorize the District to credit my account for an amount not to exceed the original amount of the erroneous draft, and I agree to hold the District harmless for any other charges to my account that may occur as a result of such error. This authorization is to remain in full force and effect until the District has received notice, in writing, of its termination.

**Any transaction rejected by the bank for any reason other than a bank error will be treated as a returned check, charged a \$25.00 NSF fee, and terminated from the ACH program for a period of ONE YEAR.**

**I AUTHORIZE SOUTH CAMDEN WATER & SEWER DISTRICT TO DEBIT MY ACCOUNT ON OR AROUND THE 14<sup>TH</sup> OF EACH MONTH, FOR MY WATER BILL.  
(last business day before the 15<sup>th</sup>)**

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Utility Billing Account Adjusted:

Date: \_\_\_\_\_

Adjusted by: \_\_\_\_\_

**Return to: South Camden Water & Sewer District  
PO Box 249  
Camden, NC 27921  
Attn: Dawn W. Lowry**