



Pine River Area Sanitary District

Proudly serving: Cities of Pine River, Chickamaw Beach, Lake Shore,
Pequot Lakes, Backus, and Wilson & Barclay Townships

2567 24th Avenue SW
Pine River, MN 56474-4001

Phone: (218) 587-2924
Fax: (218) 587-4954

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

Check one:

Begin Deposit

Change Information

I (We) hereby authorize the Pine River Area Sanitary District to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

Check one:

Checking Account

or

Savings Account

Check one:

Personal Account

or

Business Account

at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository (Bank) Name: _____

Routing Number: _____

Account Number: _____

Name(s) on Account: _____

Amount of debit(s): Current Monthly Rate _____

Date(s) and/or frequency of debit(s): Monthly _____

PLEASE ATTACH VOIDED CHECK

I (we) understand that this authorization will remain in full force and effect until I (we) notify the **Pine River Area Sanitary District**, via writing that I (we) wish to revoke this authorization. I (we) understand that the **Pine River Area Sanitary District** requires at least 14 days prior notice in order to cancel this authorization.

Name(s): _____

Phone Number: _____

Service Address: _____

Date: _____

Signature(s): _____