



## LAC UTILITIES

1805 BURLINGTON BEACH ROAD • VALPARAISO, INDIANA 46383-0811  
PHONE (219) 464-3770

ALICIA BARBER  
General Manager

### ACH TERMS OF AGREEMENT

#### 1.) PAYMENT NOTICE & DATE

You will continue to receive your monthly bill. On the 20<sup>th</sup> of the month (for water customers) and the 15<sup>th</sup> (for sewer customers) the payment will be withdrawn from your account. If that date falls on a weekend or holiday, your payment will be withdrawn on the following business day.

#### 2.) AVAILABILITY

You are responsible for having the funds in your account on the due date. There is a \$30.00 NSF (non-sufficient funds) fee for any returned ACH payment. In the event of an NSF, full bill payment plus NSF fee must be paid immediately to retain water services. LAC Utilities holds the right to terminate ACH after ONE returned payment. The only payment accepted after a returned ACH will be in the form of cash, or money order.

#### 3.) NOTIFICATION OF PAYMENT

The amount and date of your ACH payment will be shown on your bank statement. This is proof of payment. If there is a question about a payment or if the amount differs from your bill for any reason, you must notify the office and your bank within 60 days of the due date on which the error is first reflected.

#### 4.) ACCOUNTS/ADDRESS CHANGE

Please notify the office of any account or address changes to ensure timely payments. You are responsible for submitting a new application when an account or address changes occur.

#### 5.) TERMINATION

This authorization will remain in effect until we receive a written notice from you 10 days before the cancellation date or until your service has been terminated and the final bill is paid in full. You may send us a letter requesting the cancellation of ACH or stop by the office and sign a form.

#### 6.) STOP PAYMENTS

You should always advise us first of any request to stop payment. You may stop payment by notifying your bank at least 3 business days before payment due date. However, as when you stop payment on a check, you are responsible for any changes this may involve.

Account No: \_\_\_\_\_

AUTHORIZATION AGREEMENT  
DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize VALPARAISO LAKES AREA CONSERVANCY DISTRICT, hereinafter called LAC UTILITIES, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called HORIZON BANK, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name	Branch	
Address	City/State	Zip
Routing Number	Account Number	

Type of Account:     Checking     Savings

The authority is to remain in full force and effect until LAC UTILITIES has received written notification from me (or either of us) of its termination in such time and manner as to afford LAC UTILITIES and HORIZON BANK a reasonable opportunity to act on it.

Print Name	Signature	Date
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General Manager Signature	Date
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PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM