Dear Cape Girardeau County Reorganized Common Sewer District Customer,

For your convenience, we have the ability to accept **ACH Withdrawal Payments** for your monthly recurring county sewer payments. If you would like to pay via ACH withdrawal, please complete this form and mail it back to us. Our contact information is listed below.

I hereby authorize Cape Girardeau County Reorganized Common Sewer District to initiate debit entries and to initiate, if necessary, credit entries and adjustments for and debit entry in error to my (our)account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account. This authority is to remain in full force and effect until Cape Girardeau County Reorganized Common Sewer District has received written notification of its termination in such time and in such manner as to afford the District and DEPOSITORY a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and are subject to all NACHA rules and regulations.

Customer Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CGCCSD Customer Account Number (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transaction Date: 16th of each month (please note that monthly charges will be deducted on the 16th of each month or the next business day if the 16th falls on a weekend).

Financial Institution Address & Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Check One:**

**🞐 ADD** - Withdraw Funds directly from my account\*

**🞐 CHANGE** - Change my financial institution &/or account number\*

**🞐 CANCEL** - Stop my participation in this program

\*Due to time required for company and bank processing, please allow two weeks for processing.

Please mail your completed form along with a copy of a voided check to:

 Cape Girardeau County Reorganized Common Sewer District

 113 W. Main Street, Ste. 6

 Jackson, Mo. 63755

Customer inquiries should be directed to: Marcia at 573-837-0588