



Boothbay Harbor Sewer District  
27 Sea Street  
Boothbay Harbor, ME 04538  
Phone# 207-633-4663

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## ACH Authorization Form

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### ***CREDIT/DEBIT AUTHORIZATION FORM***

I (we) hereby authorize **BOOTHBAY HARBOR SEWER DISTRICT** to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Boothbay Harbor Sewer District is notified by me (us) in writing to cancel it in such time as to afford Boothbay Harbor Sewer District and the Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution - Branch, City, State, & Zip)

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_  
(circle one)

These numbers are located on the bottom of your **check** (not a deposit slip) as follows:

⑈ 1 23456789 ⑈ 1 234567890123 ⑈  
**Routing Number                      Account Number**

Sewer Account #: \_\_\_\_\_ Service Location: \_\_\_\_\_

By signing below, I agree/understand I am allowing Boothbay Harbor Sewer District to deduct my quarterly payment directly from my account noted above on the 20<sup>th</sup> of the same month of which I am invoiced/billed. Should the 20<sup>th</sup> fall on a weekend or Holiday, I understand my quarterly payment will be deducted directly from my account noted above the next business day. Furthermore, by signing below, I agree/understand should my quarterly payment be unavailable for collection by Boothbay Harbor Sewer District on the date(s) noted above, my account with Boothbay Harbor Sewer District will be assessed with a \$50.00 charge for NSF/UCF and I will be removed from this service until my account is brought current and I complete a new ACH Authorization Form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address - PLEASE PRINT)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-mail Address - PLEASE PRINT)

**PLEASE RETURN "ORIGINAL" SIGNED DOCUMENT TO BOOTHBAY HARBOR SEWER DISTRICT  
AND KEEP A "COPY" FOR YOUR FILES.**