



South Central Regional Water District



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www.southcentralwaternd.com

Auto Pay
South Central Regional Water District
Authorization form
(Please Print)

First and Last Name(s): _____

SCWD Account Number (s): _____

Home/ Cell number: _____

Financial Institution Name: _____

Account Number: _____ Routing Number: _____

(Attach Voided Check)

Checking Account _____

Savings Account _____

The AutoPay program deducts the amount of your water payment from your checking or savings account on the **7th** of the month if you live in the **Burleigh County** area. It will deduct on the **12th** of the month if you live in the **Emmons, Logan, Kidder or McIntosh County** areas. The first month our bank requires us to send a zero dollar amount to verify account information without deducting from the account, and your bill will need to be paid as normal. The second month the amount owing will be deducted, and the billing statement will say **“Do not pay – Account will be drafted”**.

I authorize SCWD to process AutoPay debits, and if necessary, any adjustment credit entries for any entries in error to my account. I will notify SCWD in writing if I decide to cancel my use of AutoPay or request a change of account number and/or Financial Institution for my water payment. I acknowledge that the origination of ACH transactions to my account must comply with NACHA rules and the provisions of US Law. I agree there will be sufficient funds available in my account at the time of payment posting. The SCWD has the right to cancel my use of the AutoPay option at any time. I also acknowledge that if a payment is returned to SCWD, for any reason, my account will accrue an additional \$25.00 processing fee.

By signing below I agree to all above terms and conditions.

Signature of Account Holder(s)

_____ Date: _____
_____ Date: _____