



(SLH)

Automatic Bank Draft Program

Automatic payment from your checking or savings account assures your bill is paid in full and on time every month, even if you are out of town. This convenient, efficient, and cost-effective process is offered by Sheridan Lake Highlands, Inc (SLH).

How do I begin the process?

To become an automatic payment customer, two items are required: 1) Complete the Automatic Bank Draft Form on the next page and 2) Send form to:

Sheridan Lake Highlands, Inc
C/O 5310 Ebony Place
Piedmont, SD 57769

Ms Jane Doe
123 Main St
Boulder, CO 80301

Date _____

Pay to the Order Of _____ \$ _____

_____ Dollars

Memo _____ Signature _____

123456789 1234567890123 1001

Routing Account

When will my payment be withdrawn from my account?

Please continue to pay your bill as normal until your bill states "Automatic Payment-Processed 20th - 25th of each month". After enrollment in the program, the exact amount of your bill will be withdrawn from your account. Automatic payment dates must correspond with the business days of the financial institutions so a 5-day window is necessary.

What happens if I have questions about my bill?

If you have a question about your bill, please email sagewaterworks100@gmail.com or call Marilee, Biller, at 605-431-2006

What happens if there is not enough money in my account?

The automatic payment will be presented to your financial institution once for processing. If your financial institution does not pay the automatic payment request because of insufficient funds and returns it to SLH's financial institution, your account will be charged an insufficient funds fee according to the SLH's rate/fee schedule and processed in the same manner as an insufficient funds check.

How do I cancel my participation?

If you decide to discontinue participation in the automatic bank draft program, email sagewaterworks100@gmail.com, or by calling Marilee at 605-431-2006.



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Please complete the following information:

Customer Name: (billing account) _____

Water Service Address: _____ Lot # _____

Bank Name: _____ City _____ State _____

Name(s) on the Bank Account* _____

Checking ☐

Savings ☐

Bank Routing Number: _____

Bank Account Number: _____

Sheridan Lake Highlands, Inc (SLH). is authorized to debit my checking or savings account for the water bill and other associated charges as appropriate on or up to 5 days prior to the monthly due date of my account on a recurring basis. I further understand that this authorization is in effect until SLH is notified that I or an authorized person no longer desires this service, allowing SLH reasonable time to act upon my notification. I also understand that if corrections to my account are necessary, they will be reflected on the next billing. I understand that non-payment due to insufficient funds in my account will be processed by my financial institution and SLH in the same manner as an insufficient funds check, and that I may be charged insufficient funds fees by both. I understand that this authorization is non-negotiable and non-transferable. The effective date of this authorization is commensurate with the signature date.

Signature* _____ Date _____

**person shown on bank account*