

(SLH) Automatic Bank Draft Program

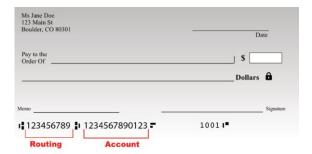
Automatic payment from your checking or savings account assures your bill is paid in full and on time every month, even if you are out of town. This convenient, efficient, and cost-effective process is offered by Sheridan Lake Highlands, Inc (SLH).

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



When will my payment be withdrawn from my account?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 After enrollment in the program, the exact amount of your bill will be withdrawn from your account.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.



(SLH)

Automatic Bank Draft Program

Please complete the following inf	ormation:		
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 a associated charges as appropriate on or further understand that this authorization service, allowing SLH reasonable time to necessary, they will be reflected on the nebe processed by my financial institution charged insufficient funds fees by both. effective date of this authorization is constitution.	up to 5 days prior to the mont is in effect until SLH is notified o act upon my notification. I als ext billing. I understand that not and SLH in the same manner a I understand that this authoriza	hly due date of my accounthat I or an authorized peounderstand that if correct payment due to insufficient an insufficient funds chotion is non-negotiable and	nt on a recurring basis. I rson no longer desires this ctions to my account are ent funds in my account will eck, and that I may be
Signature*	Date		
*person shown on bank account			