

# Automatic Bank Draft Program (ACH)

*Convenient • Secure • Reliable Monthly Payments*

Automatic payments 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 service is offered through your water system and administered by Sage Water Works, Inc.

## Getting Started

**Complete the authorization form and submit it securely through our website** or mail it to:

Sage Water Works, Inc.  
5310 Ebony Place  
Piedmont, SD 57769

Use the sample check below to locate your routing and account numbers. A voided check is not required.

|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Payment Processing</b><br><br>Continue paying normally until your bill indicates<br><b>*Auto draft- Do Not Pay*</b> . Drafts occur up to 5 days prior to the due date if necessary due to holidays/weekends.                                                                                                               | <b>Questions?</b><br><br>Email: <a href="mailto:sww@sagewaterworks.com">sww@sagewaterworks.com</a><br>Phone: 605-431-2006 (Marilee Sage, Biller) |
| <b>Insufficient Funds</b><br><br>If your financial institution returns an automatic payment due to insufficient funds, fees will be charged to your account in accordance with your water system's current rate and fee schedule. Your financial institution may also assess additional fees in accordance with its policies. | <b>Cancellation of ACH Program</b><br><br>Contact Sage Water Works, Inc. and allow reasonable amount time before the next scheduled draft.       |

## Locate Your Banking Information

Ms Jane Doe  
123 Main St  
Boulder, CO 80301

Date \_\_\_\_\_

Pay to the Order Of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

Memo \_\_\_\_\_ Signature \_\_\_\_\_

123456789 1234567890123 1001

**Routing** **Account**



# Hisega Meadows Water, Inc.

## AUTOMATIC BANK DRAFT PROGRAM (ACH) AUTHORIZATION FORM

### CUSTOMER INFORMATION:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
(Water Billing Account Name)

**Water Service Address/Lot Number:** \_\_\_\_\_

### BANK INFORMATION:

**Bank Name:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Name(s) on the Bank Account:** \_\_\_\_\_

**Account Type:** ☐ Personal ☐ Business

**Draft From:** ☐ Checking ☐ Savings

**Bank Routing Number:**

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**Bank Account Number:**

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### AUTHORIZATION AND ACKNOWLEDGMENT

Hisega Meadows Water, Inc. is authorized to debit my checking or savings account for the water bill and other associated charges as appropriate on or up to five (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 Hisega Meadows Water, Inc. is notified that I or an authorized person no longer desires this service, allowing Hisega Meadows Water, Inc. 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 Hisega Meadows Water, Inc. 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*



**Mail To:**  
Sage Water Works, Inc.  
5310 Ebony Place  
Piedmont, SD 57769



**Phone:**  
605-431-2006  
(Marilee Sage)



**Website:**  
[www.sagewaterworks.com](http://www.sagewaterworks.com)