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

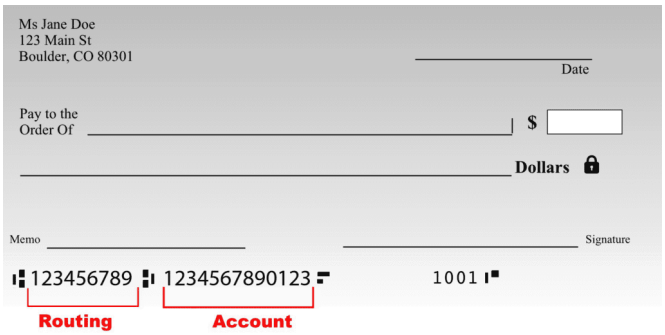
Complete the authorization form and submit it securely through our website or mail it to:

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.

Payment Processing	Questions?
Continue paying normally until your bill indicates *Auto draft- Do Not Pay*. Drafts occur up to 5 days prior to the due date if necessary due to holidays/weekends.	Email: sww@sagewaterworks.com Phone: 605-431-2006 (Marilee Sage, Biller)
Insufficient Funds	**Cancellation of ACH Program**
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.	Contact Sage Water Works, Inc. and allow reasonable amount time before the next scheduled draft.

Locate Your Banking Information



Sheridan Lake Highlands

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:

Bank Account Number:

AUTHORIZATION AND ACKNOWLEDGMENT

Sheridan Lake Highlands 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 Sheridan Lake Highlands is notified that I or an authorized person no longer desires this service, allowing Sheridan Lake Highlands 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 Sheridan Lake Highlands 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