

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 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.	Questions? Email: sww@sagewaterworks.com Phone: 605-431-2006 (Marilee Sage, Biller)
Insufficient Funds 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.	Cancellation of ACH Program 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**



Valley View Water Association, 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

Valley View Water Association, 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 Valley View Water Association, Inc. is notified that I or an authorized person no longer desires this service, allowing Valley View Water Association, 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 Valley View Water Association, 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