

## AQUA DOC Lake & Pond Management Authorization Agreement For (ACH) Automated Clearing House Transactions

**AQUA DOC Lake & Pond Management** is pleased to offer an electronic (ACH) Automated Clearing House payment choice to you, our customers. ACH payments provide an alternative to paper checks, affording you the following advantages:

- Establishment of excellent payment and credit records
- Eliminating the possibility of stolen checks, stop payments charges and check reissue costs
- Reduction of bank service charges and check fraud
- Being part of "Going Green" by reducing paper

Enrolling means payment will be deducted from your bank account on the day due, eliminating use of paper checks and mail delays. Remittance detail notifying you of an upcoming payment can be provided via email, one day prior to payment.

**How do I get started?** Complete and sign the AQUA DOC ACH Enroll/Change Form. Once we receive your completed form, we will contact you to verify the information is accurate. After verification, it could take up to 14 days for the ACH to become effective.

ACH Authorization			
Customer / Company Name:		Customer Account Number:	

I (we) hereby authorize: AQUA DOC Lake & Pond Management, hereinafter called AQUA DOC, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any entries in error to my (our)  Checking  Savings account (select one) indicated below and the financial institution named below, hereinafter called BANK, to credit and/or debit the same to such account.

Bank Information			
BANK NAME:		Branch: (if applicable)	
City, State, ZIP:			
Transit/ABA No: ("Routing #")		Account #:	

This authority is to remain in full force and effect until the completion of executed contract or until AQUA DOC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford AQUA DOC and BANK a reasonable opportunity to act on it.

Name(s): \_\_\_\_\_  
*Please print* \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

I (we) wish for this transaction to take place starting on: \_\_\_\_\_ and to recur per terms stated on contract.

- CHECK ONE: I would like to participate in the Automated Payment Program.
- ADD – Debit the account shown.
- I need to update my Automated Payment Program information.
- CHANGE – Change financial institutions and/or account number.