

**Inlet Beach Water System, Inc.  
Utility Bill ACH Payment Form**

**Authorization for Automatic Payments of Water and Sewer Utility Bills**

Complete this form and return with a VOIDED check to  
**office@inletbeachwater.com**

NAME: \_\_\_\_\_  
(as it will appear on utility bill)

IBWS ACCOUNT # (if known): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_, Inlet Beach, FL

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

\*\*I authorize you to deduct from my checking account the amount of any Inlet Beach Water System, Inc.'s water/sewer bill and to make that deduction payable to the Inlet Beach Water System. In making this authorization, I agree to all the terms as listed below.

\*\*I authorize the financial institution named on this form to pay my water and sewer utility bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority begins immediately and will remain in effect **until revoked by me in writing**. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and Inlet Beach Water System reserve the right to terminate this payment plan (or my participation therein).

\*\*All direct payments will be processed on the 20<sup>th</sup> of the month (unless the 20<sup>th</sup> falls on the weekend or a legal holiday, in which case it will be processed on the last business day prior to the 20<sup>th</sup>).

\*\*Any payment returned for any reason will incur a \$25.00 returned item fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_