

**BALDWIN COUNTY SEWER SERVICE LLC**

**P.O. BOX 1628**

**FOLEY, ALABAMA 36536**

**TELEPHONE: 251-971-3022**

**FAX: 251-971-6039**

**WHEN YOU SIGN UP FOR AUTO PAY WITH BCSS, WE WILL DEDUCT THE SEWER PAYMENT ON THE 5<sup>TH</sup> OF EACH MONTH. IF THE 5<sup>TH</sup> FALLS ON A WEEKEND OR A HOLIDAY, THE SEWER BILL WILL BE DEDUCTED ON THE NEXT BUSINESS DAY. ALSO, WHEN YOU ARE ON AUTO PAY, YOU WILL NO LONGER RECEIVE A SEWER BILL IN THE MAIL. HOWEVER, YOU MAY MONITOR YOUR ACCOUNT ON LINE.**

**BALDWIN COUNTY SEWER SERVICE LLC**

**CUSTOMER SERVICE DEPARTMENT**



# BCSS

BALDWIN COUNTY SEWER SERVICE

clean and simple

## ACH BANK DRAFT PAYMENTS SIGN-UP FORM

### CUSTOMER INFORMATION

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

ACCOUNT NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

### FINANCIAL INSTITUTION INFORMATION

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

BANK ROUTING/TRANSIT NO.: \_\_\_\_\_

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT TYPE (CIRCLE ONE)      CHECKING      /      SAVINGS

ACCOUNT NO.: \_\_\_\_\_

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Baldwin County Sewer Service to deduct my utility payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to Baldwin County Sewer Service will revoke this authorization.

Baldwin County Sewer Service reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice. I understand I will not receive a paper copy of my bill. My account will be debited between the 5<sup>th</sup> and the 8<sup>th</sup> of each month.

\_\_\_\_\_  
PRINT AUTHORIZED NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE



## Monthly Recurring Credit Card Payment

To activate your monthly recurring credit card payment please complete the required payment details.

1) Card Type please check one:

Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover \_\_\_

2) Credit Card #: \_\_\_\_\_

3) Expiration Date: \_\_\_\_\_

4) Card Holder Name: \_\_\_\_\_ (exactly as it appears on card)

5) Security Code: \_\_\_\_\_ (three digits on back of card)

6) BCSS Account Name: \_\_\_\_\_ (as it appears on BCSS bill)

7) BCSS Account Number: \_\_\_\_\_ (as it appears on BCSS bill)

8) Phone Number: \_\_\_\_\_

9) Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I (we) hereby authorize Baldwin County Sewer Service, LLC to automatically withdraw from my Credit Card the amount the total amount due on my billing statement and to make deposits if necessary for error correction. I authorize the Financial Institution named above to accept such transactions initiated by Baldwin County Sewer Service, LLC. Deductions will be made on the 5<sup>th</sup> of each month. I am aware of my right to stop a withdrawal by notifying Baldwin County Sewer Service, LLC at any time up to three (3) business days before the withdrawal date.

By signing this form you are agreeing to the above terms.

Signed \_\_\_\_\_

Date \_\_\_\_\_