Midland Public Service District

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MidlandPSD.com

RECURRING ACH PAYMENT AUTHORIZATION

You authorize regulary scheduled charges to your checking/savings account. You will be charged the amount indicated on your monthly billing statement each billing period. The charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in chich case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize Midland PSD to charge my bank account indicated
(Full Name) (Merchant)

below for the amount indicated on the montly billing statement on the 15th day of each month.

Billing Information

Billing Address _____ Phone # _____

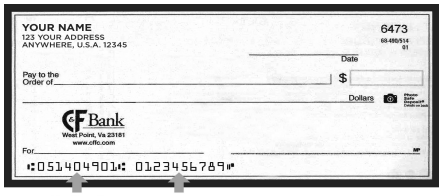
City, State, Zip _____ email _____

Bank Details

[ ] Checking [ ] Savings

Account Name _____ Bank Name _____

Account Number _____ Routing Number_____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Midland PSD in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Midland PSD may, at its descretion attempt to process the charge again within 30 days, and I agree to, up to, an additional $25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ **Date:** _____
(Account Holders Signature)