

**EAST FELICIANA RURAL WATER SYSTEM  
10270 Highway 10  
ETHEL, LOUISIANA 70730**

**(225) 683-9698 FAX (225) 683-9610  
eastfelicianaruralwater.com**

*"This institution is an equal opportunity provider."*

**Automatic Bank Draft Policy**

The Direct Payment (PPD) application provides the ability to collect funds from customer accounts. East Feliciana Rural Water System will benefit from the reduced payment handling and processing. Customers benefit from eliminated check writing, postage expense and cost related to the processing of checks, money orders or cash. The Direct Payment application is effective for recurring bills such as utility bills. In order to become a participating member of East Feliciana Rural Water System's Monthly Automated Bank Draft, please read and sign the following rules and regulations.

1. East Feliciana Rural Water will issue a monthly billing statement on the 1<sup>st</sup> of each month.
2. The **"Amount Due if Paid by the 15<sup>th</sup>"** will be deducted from the customer's account when processing the Automatic Bank Draft.
  - a. Your bill reflects your usage from the prior month; therefore, the **"Amount Due if Paid by the 15<sup>th</sup>"** will vary each month.
3. Automatic Bank Drafts will be deducted from the customer's account on the 15<sup>th</sup> of each month.
  - a. Should the 15<sup>th</sup> of the month fall on a weekend then the draft will be processed on the Monday following the weekend.
  - b. Should the 15<sup>th</sup> of the month fall on a Federal Reserve holiday then the draft will be processed on the next business day following the holiday.
4. If you have a conflict with your billing statement and wish to place a "hold" on your monthly bank draft, you must submit your request in writing prior to the 10<sup>th</sup> of the month. At that time you will be responsible for making arrangements to pay the bill by other means. Once the conflict has been resolved and you wish to resume your monthly bank drafts, you must submit your request in writing.
  - a. Drafts placed on "hold" will remain as such for a period up to (2) months. If the draft is not resumed within (2) months, your account will revert back to manual payment processing, and you will be required to reapply for Automatic Bank Draft should you wish to continue to have your payments automatically drafted.
5. Upon your application for Automatic Bank Draft, East Feliciana Rural Water will submit a Pre-notification to your account to confirm validity.
  - a. Pre-notification is done on the 1<sup>st</sup> or the 15<sup>th</sup> of each month depending on when you apply for Automatic Bank Draft.
  - b. Your monthly Automatic Bank Draft will begin on the 15<sup>th</sup> of the month following confirmation of your pre-notification.
6. If East Feliciana Rural Water receives notification of a NSF, Uncollected Funds, Stopped Payment, Authorization Revoked, or Non-Authorized Entry, the draft will **NOT BE REINITIATED.** East Feliciana Rural Water System will assess a \$25 NSF Fee and any bank service charges. East Feliciana Rural Water will require that the balance due including the \$25 NSF Fee any bank service charges be paid in a money order at our office at 9923 Battle Road, Ethel, Louisiana, 70730. East Feliciana Rural Water System will utilize the current NSF Policy for notification, collection, and disconnection.

I hereby agree to the terms set forth in this policy and wish to make my monthly water utility payment paid to the order of East Feliciana Rural Water by Monthly Automatic Bank Draft.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
EFRW Account Number

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**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I am providing a VOIDED Check or a letter from my financial institution containing my routing number and account number to be used in processing my application for this ACH Debit. I (we) hereby authorize East Feliciana Rural Water System, hereinafter called EFRW to initiate debit entries to my (our)  checking account,  Savings Account (select one) indicated below at the depository financial institution, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) acknowledge that the debit entries to my (our) account will vary month to month.

Depository Name \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until EFRW has received written notification from me (or either of us) of its termination in such time and in such manner as to afford EFRW and DEPOSITORY a reasonable time to act on it.

Name \_\_\_\_\_ EFRW Account Number \_\_\_\_\_

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