

## **General Policy for Electronic Payment Methods**

The due date for all monthly charges is the 15<sup>th</sup> of each month with a grace period of 15 days after the due date.

A monthly sewer bill payment is considered, “a timely payment” when it is made by an electronic payment method for which your electronic account is debited and the Steuben Lakes Regional Waste District’s account is credited on or before the due date of the monthly sewer bill. The Steuben Lakes Regional Waste District does not recognize Saturday, Sunday, National or State Holidays as exemptions from receiving timely payments.

A payment is considered late if it is not received on or before the due date of the sewer bill. The District will add a 10% penalty on late payments received after the due date. Electronic payments are considered late if the District’s account is not credited on or before the due date. The District will add a 10% penalty on the late payment. Example if the electronic payment is made on the due date it generally takes two working days before the District’s account is credited so the payment would be considered late and a 10 % penalty would be accessed to the account.

The District shall establish security standards and policies that include proper safeguards to protect the confidentiality of all confidential customer information entrusted to the District.

### **Electronic Fund Transfer Policy and Procedure for Monthly Sewer Bill Payment**

INITIATION of EFT. The customer that wishes to utilize the Electronic Fund Transfer method to pay their sewer bill will be required to sign, have notarized and return an Electronic Fund Transfer Authorization Agreement for Direct Debit/ ACH Debits. . The customer will be required to have the authorization to the District twenty-one (21) days in advance of the electronic fund transfer date so the Electronic Fund Transfer can be setup and tested for this customer account. This will be filed in a secure place in our office.

INFORMATION COLLECTED on the ELECTRONIC FUND TRANSFER AUTHORIZATION AGREEMENT.

Customer:	Name, billing address, service address, Tax identification number, and telephone number
Designated Depository:	Name, address, and telephone number
Account:	Account number and routing number

SECURITY of INFORMATION. The Electronic Fund Transfer Authorization Agreement does contain confidential information that is not accessible to the public and will not be released under any circumstances as a public record. This information may be reviewed as part of State or Federal Audits or to test compliance with security standards.

CANCELLATION of EFT. The customer will be required to notify the District twenty-one (21) days in advance of the electronic fund transfer date to cancel the Electronic Fund Transfer Authorization Agreement. Cancellation shall be in the form of a notarized letter instructing the District to cancel the electronic fund transfer for their account. The cancellation shall include the customer’s service address, sewer billing account number, short message instructing to cancel the EFT, and the customers notarized signature. Once the proper cancellation is received all of the confidential account information shall be adequately destroyed.

PAYMENT DEBIT/CREDIT. The District shall debit the customer’s designated depository account four (4) working days prior to the end of the grace period.

GENERAL EFT POLICY. It is the customer’s responsibility to notify the District of any changes in: the ownership of the property, the designated depository, and/or account number, in a timely manner. District and customer agree to assist each other in the event of an error in this payment method.

# Electronic Fund Transfer (EFT) Authorization Agreement

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

Tax Identification Number: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

I hereby authorize the Steuben Lakes Regional Waste District, hereinafter called DISTRICT to debit payments (and if necessary, credit entries for reversal or adjustment, for any debit entries created in error) to my account at the designated depository named below, hereinafter called DEPOSITORY.

I hereby accept responsibility to notify DISTRICT, of any changes in the depository or account number, in a timely manner. I also agree to notify the DISTRICT in the event of an error in this payment and assist them in resolving it.

I acknowledge that I have been given a copy of the Electronic Fund Transfer Policy and Procedures of the DISTRICT.

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

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

\_\_\_\_\_

Depository Telephone Number: \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking \_\_\_\_\_ Savings

Both Signatures are required if it is a joint account.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS:

Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_, who acknowledged the execution of the foregoing, and who having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_ Notary Public

\_\_\_\_\_ Printed Name