

**Department of Environmental Services**  
Water Distribution  
Wastewater Collection & Treatment

*Nicholas A. Sanford, Director*



**Board of Commissioners**  
J.P. Ducro IV, President  
Casey R. Kozlowski  
Kathryn L. Whittington

**IMPORTANT INFORMATION**  
**PLEASE READ AND RETAIN FOR YOUR RECORDS**

Attached is our form to authorize deduction of your monthly water and/or sewer charges from your checking or savings account. Please fill the form out completely. If you are using a joint account, both parties must sign the form. A voided check must be enclosed for checking accounts or a teller stamped printout showing your account number for savings accounts. *Deposit slips are not acceptable.* Please contact your bank on savings accounts if you have questions. They should be able to provide you with the proper documentation.

**PLEASE NOTE: ONCE WE RECEIVE THE REQUIRED DOCUMENTS, WITHDRAW DOES NOT BEGIN IMMEDIATELY. IT TAKES ONE TO TWO BILLING CYCLES TO BEGIN. PLEASE WATCH YOUR BILL. IT WILL TELL YOU WHEN YOU NO LONGER NEED TO SUBMIT PAYMENT. ONCE ACH BEGINS PLEASE DO NOT CONTINUE TO MAIL IN PAYMENTS.**

You will continue to receive your monthly billing statement as usual so you are aware of the amount that will be deducted and the due date. *Amounts will not be deducted before the due date, but could be deducted on or up to five days after the due date.* Please be sure the funds are available to avoid non-sufficient funds charges. Should funds not be available, water service will be shut off without notice and you will be removed from the ACH program. Payment in full by cash or money order of all fees and charges (amt of ach transaction, nsf charges, reconnect charges, any other outstanding balance) must be made to restore services. After payment of all fees and charges has been made, services will be restored the next available business day, provided you are at the property. You must be present for water to be turned back on.

Should you wish to cancel you ACH deductions, your request must be submitted in writing to this office at the above address. Joint account cancellation requests must have both signatures. If extenuating circumstances exist, please call 440-576-1410 before submitting your request.

Thank you for participating in our ACH program. Should you ever have any questions, please do not hesitate to contact our office at 440-576-3722 or billing at 440-576-1410.

**ASHTABULA COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES  
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT - ACH**

By signing this authorization, I (we) hereby authorize ACDES to initiate ACH debit transactions from my (our)

Select one:         Checking Account

Savings Account

WATER/SEWER ACCOUNT NUMBER \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

(attach voided check here)

**A VOIDED CHECK MUST BE SUBMITTED WITH THIS FORM. DEPOSIT SLIPS WILL NOT BE ACCEPTED. SAVINGS ACCOUNT REQUESTS MUST BE SUBMITTED WITH EITHER A COPY OF THE FRONT PAGE OF THE BANK STATEMENT WHICH SHOWS THE ACCOUNT NUMBER AND YOUR NAME OR A PRINTOUT WITH TELLER STAMP FROM YOUR BANKING INSTITUTION VERIFYING YOUR INFORMATION.**

This authorization is to remain in full force and effect until the ACDES has received written notification from me (us) of its termination in such time and in such manner as to afford the ACDES and YOUR BANKING INSTITUTION a reasonable opportunity to act on it.

By signing this authorization, I (we) also state that we have read the IMPORTANT INFORMATION attached to this form.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.