

MERRILLVILLE CONSERVANCY DISTRICT
AUTOMATIC BILL PAYMENT (ACH) ENROLLMENT FORM
(Please Print)

(Name as Shown on your bill)

(MCD Acct. No.)

(Your Phone Number)

(Address as Shown on your bill)

(Name of Financial Institution)

Please deduct my Automatic Bill Payment (ACH) from my:

Checking Account Number: _____

Routing Number: _____

OR:

Savings Account Number: _____

Routing Number: _____

I (we) hereby authorize the Merrillville Conservancy District (MCD) to initiate debit entries to my (our) account on the 15th of the months that the bills are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority will remain in effect until I notify MCD in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying MCD three (3) days before my account is charged.

(Signature)

(Date)

*** You MUST attach a VOIDED CHECK to this form.

The ONLY exception to this is if your account is a Savings Account. Then you MUST attach a VOIDED DEPOSIT SLIP.

Return this form to: Merrillville Conservancy District
6251 Broadway
Merrillville, IN 46410