Town of Herndon
Water and Sewer Customer Service Department

Electronic Funds Transfer Agreement Form

Please enter the following information as shown on your Town of Herndon Water Bill

Customer Name: _____

Account Number: _____

Service Address: _____

_____

Daytime Phone: _____

Bank Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

- If you are authorizing payment from a **checking account**, please attach a **voided check** to this form.
- If you are authorizing payment from a **savings account**, please attach a **preprinted deposit slip**.

Authorization

I authorize the Town of Herndon to automatically deduct payment from the account specified for water and sewer charges incurred at my service address. I understand that payments will be deducted on the due date of my water and sewer bill. I also understand that I will be subject to a return check fee of $35 if my account has insufficient funds at the time of the electronic funds transfer. I understand that I have the right to receive notice of the amount of each payment deduction and that each water and sewer billing statement I receive will constitute such notice. Should I wish to cancel this authorization for one or more payments, it is my responsibility to contact the Town of Herndon Water Customer Service Department at least one week prior to my next bill date by phone at 703-435-6814 or by mail at the address noted below. This authorization takes effect with the billing statement I receive that contains the phrase "**BANK DRAFT – DO NOT PAY**" on your billing statement.

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or preprinted deposit slip and return this form to:

Town of Herndon
Water and Sewer Customer Service Department
P.O. Box 427
Herndon, VA 20172