

Make it easy with Electronic Deduction!

Fall Creek Regional Waste District is now offering a direct payment program. This alternative payment system allows you to pay your wastewater bill automatically by having the payment electronically deducted from your checking or savings account.

With Electronic Deduction you:

- Save time by not writing a check for each wastewater bill
- Save the cost of postage and checks
- No longer worry about paying bills while you are out of town on business or vacation
- See your wastewater bill before it is paid so you know the exact amount of your payment and the exact date it will be deducted from your account

Fall Creek Regional Waste District will send you a bill card by mail each month before your bill is due. You will know the exact amount of your payment and the exact date it will be deducted from your account

To sign up for Electronic Deduction, fill out the enclosed Automatic payment plan authorization agreement supplying

Fall Creek Regional Waste District with an attached Voided check or a voided deposit slip. Return the information to our office at:

Fall Creek Regional Waste District
P.O. Box 59
Pendleton, IN 46064-0059

Electronic deduction is the most convenient and reliable Method of paying your bill, and the service is free.

For more information call our billing office at 765-778-7544. Start making it easy today by filling out and sending in the attached form.

Make it easy with Electronic Deduction!

----- PLEASE CUT ON LINE -----
AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

Mail to:

Fall Creek Regional Waste District
P.O. Box 59
Pendleton, IN 46064-0059
Telephone: (765)778-7544

To ensure proper bank coding, please attach a **VOIDED check or savings deposit slip** that contains your complete bank account number. Please print.

I (we) hereby authorize the Fall Creek Regional Waste District, hereinafter called the District, to initiate debit entries to my (our) ☐ checking, ☐ savings account (select one).

This authorization will remain valid until I (either of us), or the DISTRICT revokes it. The DISTRICT must receive written notification from me (or either of us) to revoke the authorization in such time and in such manner as to afford the DISTRICT a reasonable opportunity to act on it.

NAME OF YOUR BANK, SAVINGS AND LOAN OR CREDIT UNION		
BRANCH		TRANSIT/ABA NO.
SAVINGS OR CHECKING ACCOUNT NUMBER		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
YOUR NAME (as shown on Financial Institution Records)		
ADDRESS		DAYTIME TELEPHONE NO.
CITY	STATE	ZIP CODE
NAME (as shown on FCRWD account)		ACCOUNT NUMBER (as shown on FCRWD account)

SIGNATURE (as shown on Financial Institution records)

1. _____ Date _____
2. _____ Date _____