



11901 Lakeside Dr
Fishers, IN 46038-1316
Phone (317) 577-2300
Fax (317) 577-0089

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize Hamilton Southeastern Utilities Inc., hereinafter called ("HSE"), to initiate debit entries to my (our) ☐ **Checking account** or ☐ **Savings account** (select one) indicated below at the depository financial institution named below, hereinafter called **DEPOSITORY**, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Accounts are processed at the end-of-month payment is due. If end-of-month falls on a non-working day, i.e., (weekend or holiday) the ACH will be processed the day before or next business day. Incorrect information or lack of funds when ACH draft is processed will result in a ***\$20.00 fee and will be added along with the amount of the failed debit to your next scheduled month's amount to be debited.*** If there are changes to your account, please notify **HSE** ten (10) business days prior to the end-of-month due date so the necessary changes can be made.

BANK / DEPOSITORY INFORMATION:

BANK / DEPOSITORY NAME

CITY

STATE

ZIP

ROUTING NUMBER

ACCOUNT NUMBER

This authority is to remain in full effect until **HSE** has received written notification from me (or either of us) of its termination in such time and manner as to afford **HSE** and DEPOSITORY a reasonable opportunity to act on it. If you are unsure of your Bank Account or Routing information, please attach a Voided Check (*Image of Check*) to this form.

CUSTOMER INFORMATION:

NAME(S)

PHONE NUMBER

EMAIL ADDRESS

ADDRESS

CITY

ST

ZIP

SIGNATURE

DATE

HSE ACCOUNT NO.

Please complete and return this form to:

HSE Utilities • PO Box 6330 • Fishers, IN 46038 • or • info@HSEutilities.com