

Henryville Membership Sanitation Corporation
104 East Main Street
PO Box 62
Henryville, IN 47126
812-294-1070

Dear Member:

HMSC is now offering the direct payment plan. You can now have your monthly sewer payment taken directly out of your checking account automatically.

Your account will be drafted on the 17th of each month or the closest business day preceding the 17th if it should fall on a weekend or holiday. Proof of payment will appear on your following month's billing statement.

Once you have signed the debit authorization form, your account will be debited on the 2nd billing cycle, and will remain in effect until you sign a debit cancellation form. A message will appear on your bill indicating that your account will be drafted once things are in effect.

HMSC will request payment from your bank only one time in a billing month. If the request is not honored, HMSC will charge your sanitation account a \$30.00 insufficient payment fee.

If the payment request is insufficient two times, the plan will be terminated by HMSC.

I understand and agree to the terms stated above.

Signature: _____ Date: _____

Debit Authorization Form

I authorize Henryville Membership Sanitation Corporation to initiate debit entries to my checking account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such for Sewer Service. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Financial Institution	Branch
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Address	City/State	Zip
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Routing Number	Account Number
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HMSC Account Number (s)

This authority is to remain in full force and effect until a debit cancellation form is filled out and signed at our office located at 104 East Main Street.

Print Name	Date
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Signature

Attach Voided Check

Henryville Membership Sanitation Corporation

ACH Debit Cancellation

I (we) hereby authorize Henryville Membership Sanitation Corporation to cancel debit entries to my (our) account indicated below and the financial institution named on the original enrollment form, hereinafter called Financial Institution. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Print Name: _____

HMSC Account No: _____

Signature: _____ Date: _____

Note: All cancellations must be received by the 1st day of the month to be effective for the next billing cycle.