

## DEBIT AUTHORIZATION FORM

This form must be completed to initiate Debit entries from your Bank Account. By completing this form you are hereby authorizing the Sussex County Utility Billing Division to make debit entries to your account indicated below and the financial institution named below.

I (we) hereby authorize Sussex County Utility Billing Division to hereinafter initiate debit entries to my (our) account indicated below, and the financial institution named below to debit the same to such account for (Application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

---

(Financial Institution Name) \_\_\_\_\_ (Branch) \_\_\_\_\_

---

(Bank Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

\_\_\_\_\_ Routing Number

\_\_\_\_\_ Account Number

Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Savings

This authority is to remain in full force and effect until Sussex County Utility Billing Division has received written notification from an authorized person for this account requesting its termination in such time and manner as to afford Sussex County Utility Billing Division and your Bank a reasonable opportunity to act on it.

---

(Name as it appears on your sewer bill) \_\_\_\_\_ (Daytime Phone/Email) \_\_\_\_\_

---

(Print Authorized Person's Name) \_\_\_\_\_ (Authorized Signature) \_\_\_\_\_

---

(Print Sewer Account Number) \_\_\_\_\_ (Date) \_\_\_\_\_

**FOR CHECKING, PLEASE ATTACH A VOIDED CHECK TO COMPLETE ENROLLMENT  
OTHERWISE, PLEASE VERIFY ALL BANK ACCOUNT INFORMATION BEFORE MAILING TO:**

**SUSSEX COUNTY UTILITY BILLING DIVISION  
PO BOX 601  
GEORGETOWN, DE 19947  
(302)-855-7871**

Dear Customer:

Sussex County Utility Billing Division is pleased to offer a more convenient option of paying your quarterly sewer bill through automated deductions from your checking or savings account.

Enrollment is easy. Simply complete the Debit Authorization Form on the reverse side of this letter and return to the address shown at bottom of the form. Once enrolled, the total amount due will be deducted electronically from the authorized checking or savings account each quarter on the due date (or next business day). You will continue to receive a bill each quarter for record keeping, with a note stating, "Do Not Pay-In Debit Program." Please continue to make payments as usual until the note appears on your bill.

We also invite you to visit us online at **[sussexcountyde.gov](http://sussexcountyde.gov)** for additional information, requests, news, and updates. For our office, select "Government", then "Departments" and "Billing". From here you can send us an email, request a change of address, make a payment online, or print another debit authorization form for the quarterly automated bill payments through our ACH Debit program.

We welcome the opportunity to serve you better. Please let us know how we may assist you further. Thank you.

Respectfully,

Patty Faucett  
Manager of Billing Division  
(302) 855-7871  
[pfaucett@sussexcountyde.gov](mailto:pfaucett@sussexcountyde.gov)