

## Hooksett Sewer Commission 1 Egawes Drive Hooksett, NH 03106

**REF:** ACH Payment Application

Dear Customer:

Attached with this letter is the ACH Payment Application you requested. Please fill out completely and **include a voided check** with your application form.

Please be aware of the following policies:

- If your payment is denied for insufficient funds you will be assessed a \$25.00 Returned Check Fee.
- The Hooksett Sewer Commission has the right to discontinue the ACH Service to any customer if payment is denied twice within a 365 day period.
- If the denial of funds constitutes the delay of payment until after the due date, your account will be assessed a \$5.00 late fee.

Please contact me if you have any other questions regarding this process.

Sincerely,

Billing Clerk

**Hooksett Sewer Commission** 

Bethany Hague

fax: (603)-485-4306