

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Customer NAME:

Water Service Account :

Service Address:

Billing Address:

✉ - Mail Address:

I hereby authorize _____ to initiate debit entries (payments) and, if necessary, credit entries an adjustments for any debit entries, to my account at the bank or credit union named below.

BANK /CREDIT UNION NAME (your bank or credit union) _____

CITY _____ STATE _____ ZIP _____

9 DIGIT ROUTING NUMBER _____ ACCOUNT NUMBER _____

ACCOUNT TYPE: ___ CHECKING ___ SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner to afford COMPANY and BANK or CREDIT UNION a reasonable opportunity to act on it.

PRINTED NAME _____ ID _____

SIGNED _____ DATE _____

Termination of this Agreement

You may cancel this agreement by giving us written notice. Your notice will be effective 3 days after receipt.

Effective _____ (date) the undersigned cancels this Authorization Agreement.

Signed _____ Date _____