

# AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

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Customer NAME:

Water Service Account :

Service Address:

Billing Address:

E-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 \_\_\_\_\_

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## 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 \_\_\_\_\_