

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

___ **New Bank Draft**

___ **Change Existing Draft**

___ **Stop Bank Draft**

COMPANY
NAME: Water Works District No. 1 of Ward 1

COMPANY
ID NUMBER 72-0728085

I (we) hereby authorize Water Works District No. 1 of Ward 1, hereinafter called COMPANY, to initiate debit entries to my (our) () Checking () Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY (BANK)

NAME _____

CITY _____

STATE _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it. ANY NECESSARY CHANGES MUST BE RECEIVED BY THE 19th OF THE MONTH TO GO INTO EFFECT FOR THAT MONTH'S BILLING.

NAME _____ WATER SERVICE ACCOUNT

NUMBER(S) _____
(PLEASE PRINT)

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

DATE _____ SIGNED X _____ SIGNED X _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

****PLEASE ATTACH VOIDED CHECK WITH THIS FORM****