

AUBURN WATER SYSTEM, INC

3097 LOCKE LN
CRESTVIEW, FL 32536
850-682-1258 OR 850-682-3413 ~ FAX 850-683-1151



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Auburn Water System, Inc, hereinafter called company, to initiate debit entries to my (our) Checking Account Savings Account (select one) indicated below at the financial institution named below, hereinafter called depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

The Date AWS usually drafts payments will vary from the 5th to 8th of the month.

Month you wish draft to begin: _____

Bank Information Change: Yes No If Yes, Date of Change: _____

Bank Name

Bank Branch

City

State

Zip

Bank Routing #

Bank Account #

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 company and depository a reasonable opportunity to act on it.

Service Address

Phone #

Name (s) (please print)

AWS Account #

Signature

Date

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 Include a Voided Check & Photo (Copy) Identification.