AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFTS (ACH DEBITS)

NAME
(Please print name that appears on your monthly water bill)
ACCOUNT NUMBER
(Your water account number)
NAME ON BANK ACCOUNT
(Please Print)
NAME OF BANK
(Please Print)
BANK CHECKING ACCOUNT NUMBER
ADDRESS OF BANK
ROUTING NUMBER (NWDUD will fill this in.)
I,
Signature of Customer
Date MUST ENCLOSE A VOIDED BLANK CHECK OR DOCUMENTATION FROM YOUR BANK
I INCLUDING YOUR BANK NAME, ROUTING #, YOUR NAME AND BANK ACCOUNT # I
Date Received by NWDUD