

**AUTHORIZATION AGREEMENT FOR
PRE-AUTHORIZED PAYMENTS**

I (we) hereby authorize **Swan creek Water District**, to initiate debit entries to my (our) checking or savings account indicated below and to debit the such account for the amount of my (our) water bill bi-monthly.

FINANCIAL INSTITUTION _____

ROUTING # _____ ACCOUNT # _____

ACCOUNT is a _____ CHECKING _____ SAVINGS

FREQUENCY OF DRAFT: **Will be bi-monthly on or around the following dates:
02/15, 4/15, 6/15, 8/15, 10/15 and 12/15.**

Please note: To offset the cost of the ACH fees (ACH payments are electronic transfers from one account to another.) we will not be mailing out water bills to those who have signed up for ACH. However, we can email you the amount of your water bill with an approximate date that the transaction will take place. Upon request, we can also print out a history report and send it to you annually or bi-annually. If you wish to receive an email notification, please provide your email address below.

This authority is to remain in full force and effect until written notification of termination from the customer(s) has been received by Swan creek Water District in a timely manner as to afford reasonable opportunity to act on it.

NAME(S) _____, _____
(Please print) *(Please print)*

SERVICE ADDRESS: _____

PHONE NUMBERS: _____, _____

CELL NUMBERS: _____, _____

EMAIL ADDRESS: _____, _____

DATE _____ SIGNED X _____

DATE _____ SIGNED X _____

