

# AUBURN WATER SYSTEM, INC

3097 LOCKE LN  
CRESTVIEW, FL 32536  
850-682-1258 OR 850-682-3413 ~ FAX 850-398-6643



## 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 1<sup>st</sup> to 8<sup>th</sup> 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.**