

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. (AWS), 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.

AWS draft payments will very anytime from the 1st 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 # _____

Water Account # _____

Customer's Name on Water Acct. to be paid by draft _____

Signature of Person on Check authorizing draft _____

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.

If this is a new Bank Account Draft, Please Include Voided Check.

Always Include Photo (Copy) Identification.

AWS Account Location Transfer Authorization Agreement For Direct Payments~(ACH Debits) Request:

Please fill in bank information above

AWS Account Information Change: Yes If Yes, Date of Change: _____

New Service Address _____

Phone # _____

Name (s) (please print) _____

New AWS Account # _____

Signature _____

Date _____

Please fill in bank information above

"STOP" Bank Draft (ACH)

I (we) hereby request AWS stop the debit entries to my (our) Checking Account Savings Account (select one).

Effective Month to Stop: _____ AWS Acct # _____

Customers Name (s) (please print) _____

Customers Signature _____

AWS Representative: _____

Name (please print)

Signature

Revised 05-15-15

LAST NAME: _____

FIRST NAME: _____

MI: _____