

AGREEMENT AUTHORIZING DIRECT PAYMENTS (ACH DEBITS) OF WATER SERVICE FEES AND CHARGES

1. **Bank Account.**

- Checking Account
- Savings Account

Depository Name _____

Branch _____ City _____

State _____ Zip _____

Routing Number _____

Account Number _____

2. **Water Service Account.**

Name (on the water bill) _____

Service ID Number _____

3. **Termination.**

This authorization is to remain in full force and effect until District has received written notice of termination. The termination shall be effective two weeks after the District receives the notice.

NOTE: ALL DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

4. **Authorization.** I, _____ hereby authorize Skyline County Water District, through its financial institution, to implement a direct payment procedure for water service fees, through ACH (Automated Clearing House) debit entries initiated by District to be debited against the bank account indicated below. Such ACH debit entries shall be made on a monthly basis and in lieu of the physical mailing of the customers' payment.

Name _____
(Please Print)

Signature _____ Date _____