



DRAFT PAYMENT PLAN

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

Name: _____ (Phone) Home: _____ Work: _____

Mailing Address: _____

Water Bill Account Number: _____

Name of Financial Institution: _____

Address: _____

Type of Account: Checking Savings

Bank Transit Number: _____

Checking/Savings Account Number: _____

I hereby authorize Etowah Water & Sewer Authority to automatically debit my account for payment of my monthly water bill. This authorization will remain in effect until I notify Etowah Water & Sewer Authority that I no longer desire this service, allowing the Authority reasonable time to act on my notification.

I understand the Authority will continue to send me a monthly bill before my bank account is charged and that I have the right to stop debit by notifying my financial institution at any time up to three banking days before the scheduled date of the debit. I further understand that the authority may impose a processing fee if a debit entry is not paid by my financial institution. For example, the Authority may charge me a fee if my account contains insufficient funds to cover the prearranged debit.

Signature

Date

Note:

Be sure to attach a voided check.
Please sign and date this authorization agreement.